

CERTIFICATE OF DEATH

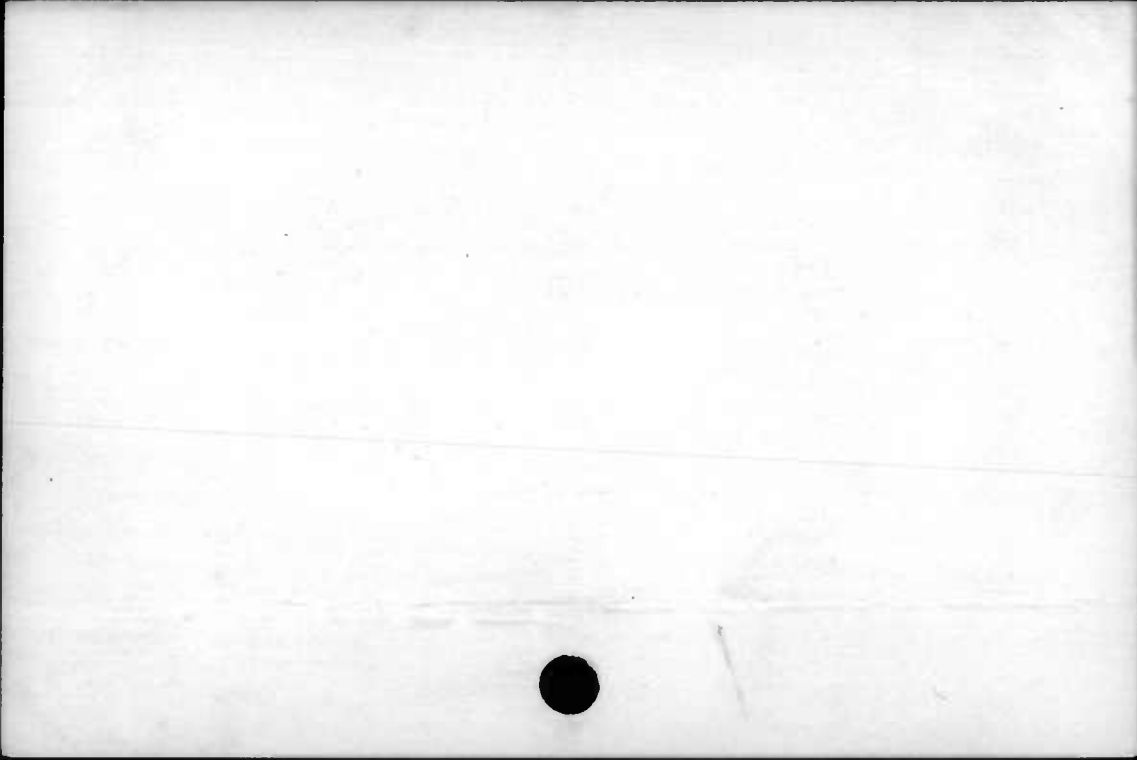
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benson</i>		County <i>Harford Co.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>2d</i>	Day <i>7</i>	Age <i>67 yrs</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pittsburg</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Benson Md.</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>B. Howard Amoss</i>				
Father's Name <i>James K. Hamilton</i>	Father's Birthplace <i>Pittsburg</i>			Mother's Maiden Name <i>Lina Weaver</i>	
Mother's Birthplace <i>Manchester Pa.</i>			Name of person giving information <i>Hamilton Amoss</i>		
How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitant	How long	One year +
Insurance	Ward Insurance	How long	4 days
Immediate	Uremia		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Russell A. Applegate	
	Address	Bellevue	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

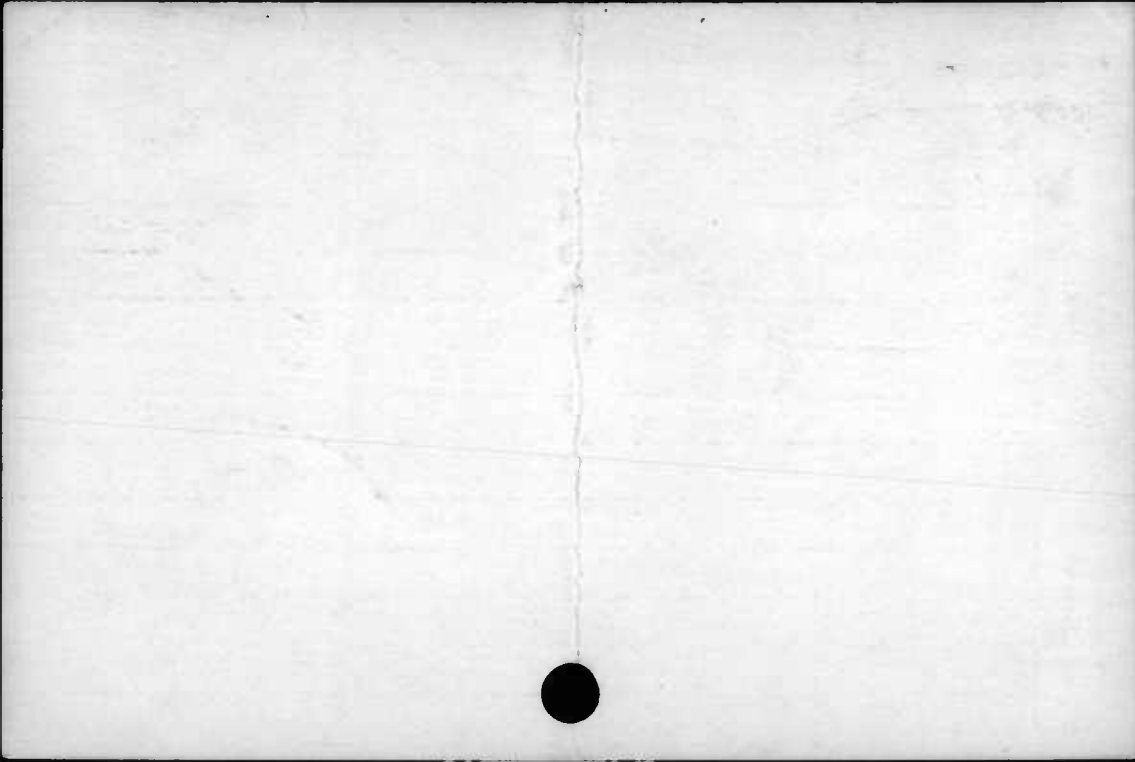
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Years	Months	Days	
7 Feb.		17	Age	82	5	14	
Sex		Color or Race		Birth-place			
Male		White		Near Churchville			
Married, Single or Widowed				Occupation			
Single				Doctor			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Dr. Robert Harris Archer				Harford Co. Cecil Co. I think			
Mother's Maiden Name				Mother's Birthplace			
Mary Trump				Cecil Co.			
Name of person giving information				How related to deceased			
Mrs. Henry C. Wilson				My father's youngest brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Epidemic Bronchitis		(90) three weeks	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		William P. Archer	
		Address	
		Bel Air Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

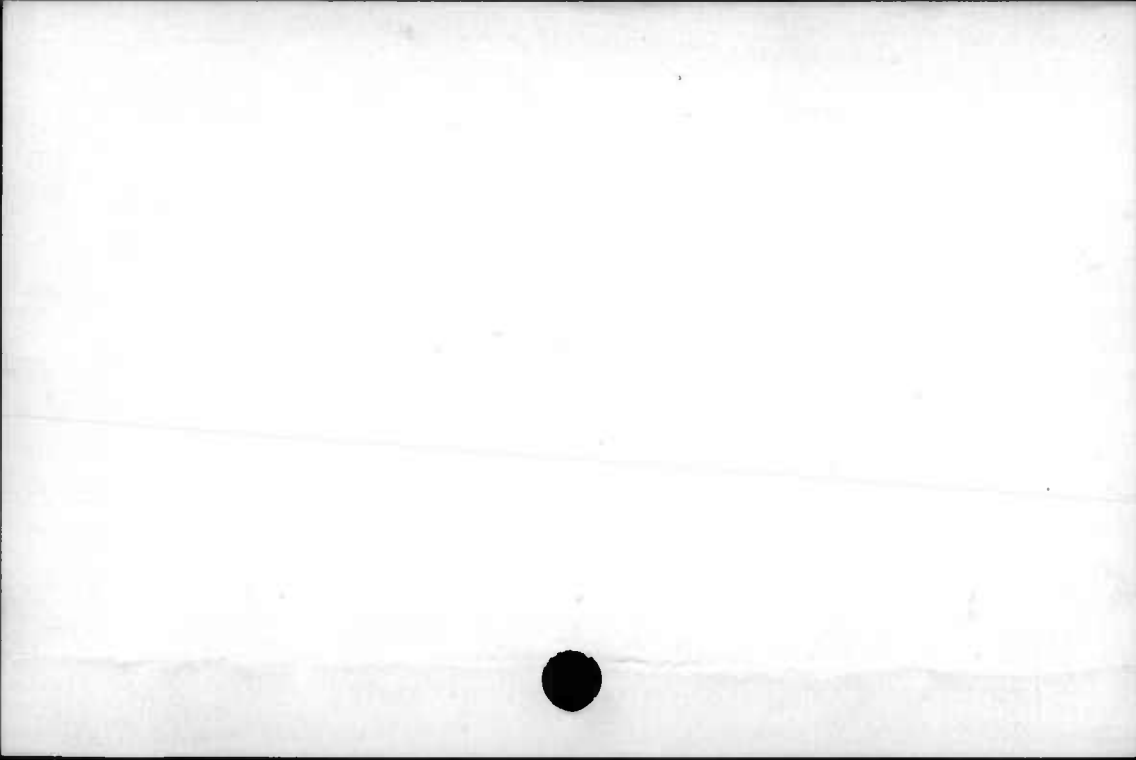
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fallston		County Harford		MARYLAND	
Date of death		1907	Month Feb	Day 22	Age 69	Months 7	Days 28
Sex		Male		Color or Race White		Birth-place Maryland	
Occupation		Farmer		Where Residing if not at place of death		Maryland	
Married, Single or Widowed		Widower		Name of Wife or Husband		Mary E. Ashton	
Father's Name		Joseph Ashton		Father's Birthplace		Md	
Mother's Maiden Name		Miss Street		Mother's Birthplace		Md	
Name of person giving information		Harry Ashton		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation.	How long	6 mo.
Immediate	Exhaustion.	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Alvan H. McNamee	
		Address	
		Famitzville	
		Md.	
Accident or Suicide?			



Name
in
Full

Ellen C. Beece

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{new} <i>Brookline</i> Town		<i>Hartford</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Feb</i>	Day	<i>26</i>
Age		<i>70</i>	Years	Months	<i>1</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Joanna Pa</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Yes</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Nelson Beece</i>			
Father's Name	<i>John Cochuff</i>			Father's Birthplace	<i>Nat Hallow</i>
Mother's Maiden Name	<i>Hannah Jones</i>			Mother's Birthplace	
Name of person giving information	<i>Nelson Beece</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>La Grippe & Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Heart Clot</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>A. H. Kuper, M.D.</i>	
		Address	
		<i>Franklinville</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Sophia McHenry Brand

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Marys Rectory</i>		Town <i>St. Marys</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>February</i>	Day <i>9</i>	Age <i>82</i>	Years <i>6</i>	Months	Days
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Harford Co.</i>			
Occupation				Where Residing If not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm. F. Brand</i>					
Father's Name <i>Henry Hall</i>		Father's Birthplace <i>Shandy Hall</i>					
Mother's Maiden Name <i>Charlotte Jane Ramsey</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information		How related to deceased <i>—</i>					

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>7 or 8 days</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Yes

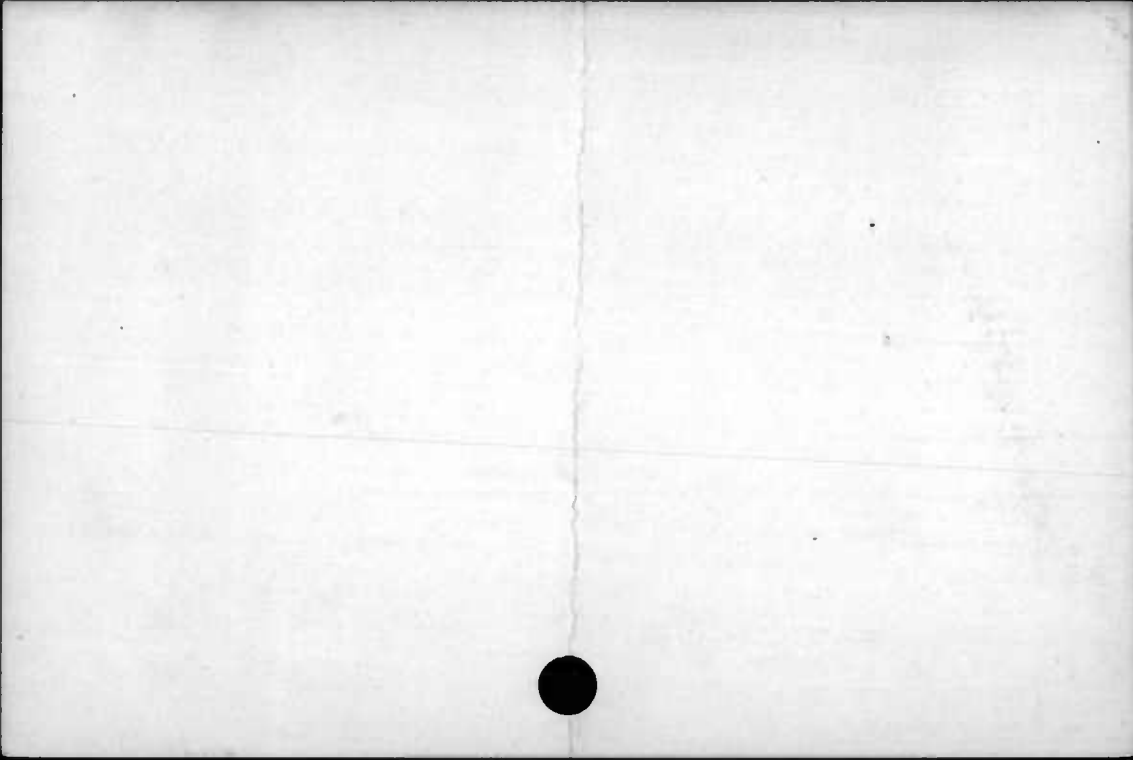
Signature of Physician

William S. Archer

Address

Bel Air Md

Accident or Suicide?



Name
in
Full

William Francis Brand

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmorton</i> ^{Town}		<i>Hartford</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>18</i>	Age <i>92</i> ^{Years}	<i>8</i> ^{Months}	<i>1</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>New Orleans, La.</i>		
Occupation <i>Clergyman</i>			Where Residing if not at place of death		
Married <i>Single</i>			Name of Wife or Husband <i>Sophia McHenry</i>		
Father's Name <i>William Brand</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Ketty Hart Reed</i>			Mother's Birthplace <i>Penn^a</i>		
Name of person giving information <i>Wm L. Gleum</i>			How related to deceased		

CAUSES OF DEATH

Primary <i>Bronchitis</i>	How long <i>ten days</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

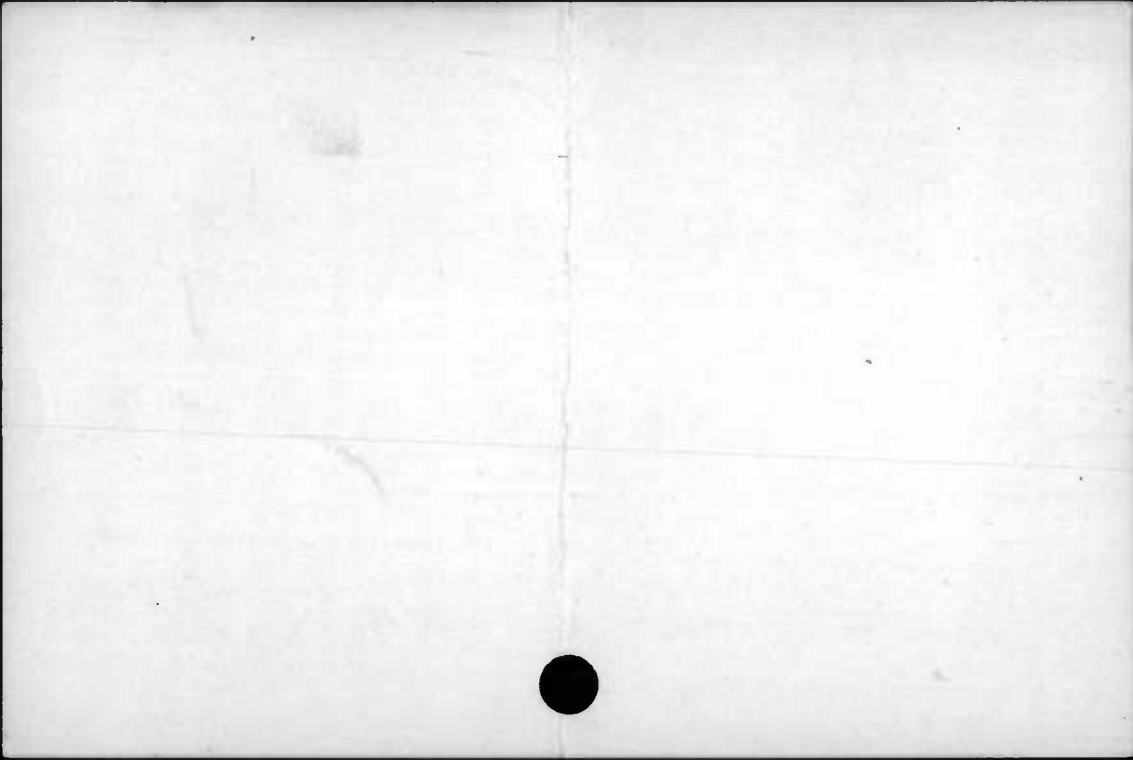
Yes

Signature of Physician

Address

William J. Archer
Belt Ave Md

Accident or Suicide?



Name
in
Full

Freeborn Curtis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

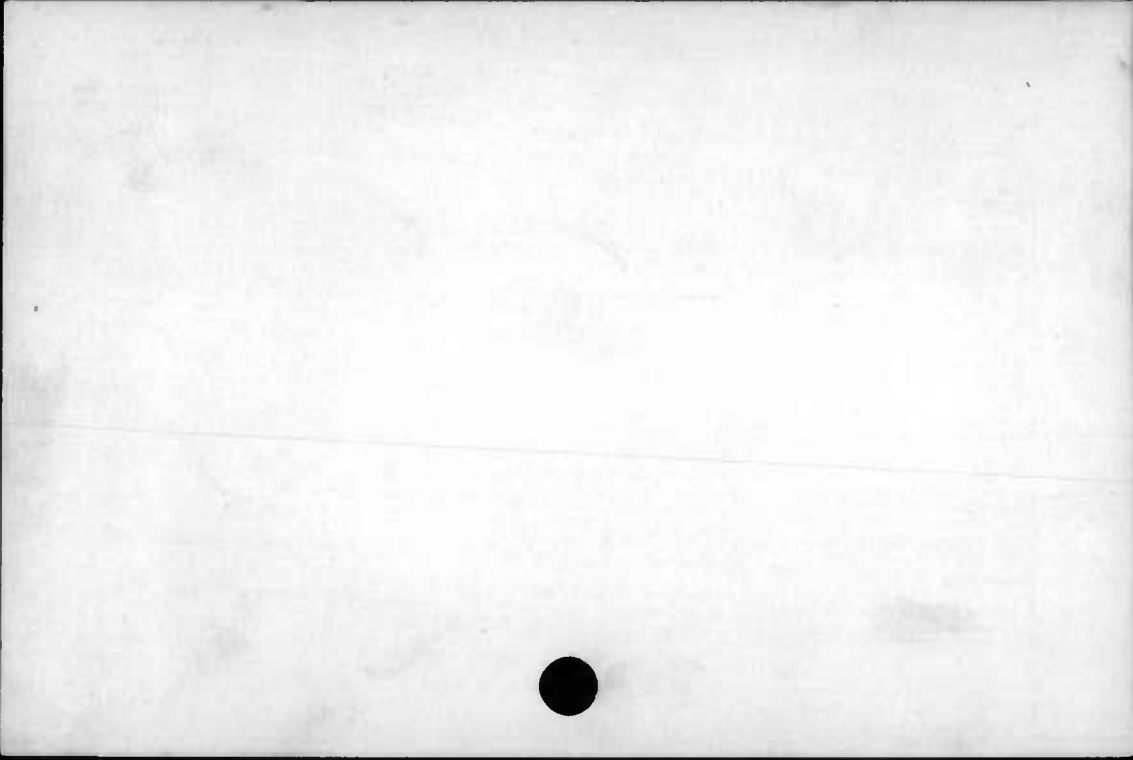
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		2	13	74		8	
Sex		Color or Race		Birth-place			
Male		Black		Harford Co			
Occupation				Where Residing If not at place of death			
Labor							
Married, Single or Widowed		Name of Wife or Husband					
Married		Amelia Ramsey					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
Amelia Curtis		Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Primary: *Apoplexy & Ischemic*
 Immediate: *24 hours*
 Signature of Physician: *R. W. Smith*
 Address: *Harford Co*
 Accident or Suicide? *Yes*



Name

in
Full

Infant DE Baugh (1st Twin)

CERTIFICATE OF DEATH

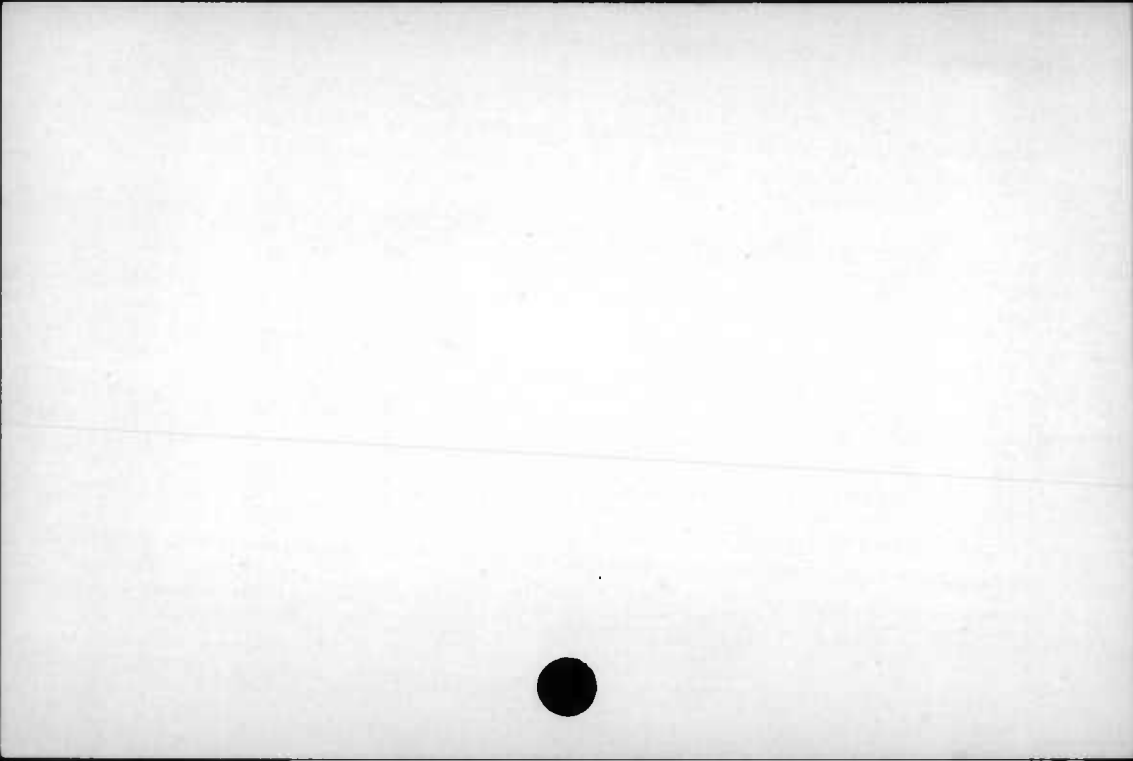
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Haver de Grace</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>10</i>	Age	Years	Months	Days <i>1/2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>				
Occupation			Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Frank De Baugh</i>		Father's Birthplace <i>Harford Co Md</i>					
Mother's Maiden Name <i>Ada Sampson</i>		Mother's Birthplace <i>Harford Co Md</i>					
Name of person giving information <i>Frank De Baugh</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Hopkins</i>	
		Address <i>Haver de Grace</i>	
Accident or Suicide?		<i>no</i>	



Name
in
FullInfant DeBaugh (2nd Twin)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Harford Grace ^{County} Harford MARYLAND

Date of death 1907 ^{Month} Feb ^{Day} 11 ^{Age} — ^{Years} — ^{Months} — ^{Days} 1 1/2

Sex Female ^{Color or Race} white — ^{Birth-place} Harford to

Occupation — ^{Where Residing if not at place of death} Same

Married, Single or Widowed Single ^{Name of Wife or Husband} —

Father's Name Frank DeBaugh ^{Father's Birthplace} Harford to me

Mother's Maiden Name Ada Sampson ^{Mother's Birthplace} " "

Name of person giving information Frank DeBaugh ^{How related to deceased} Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

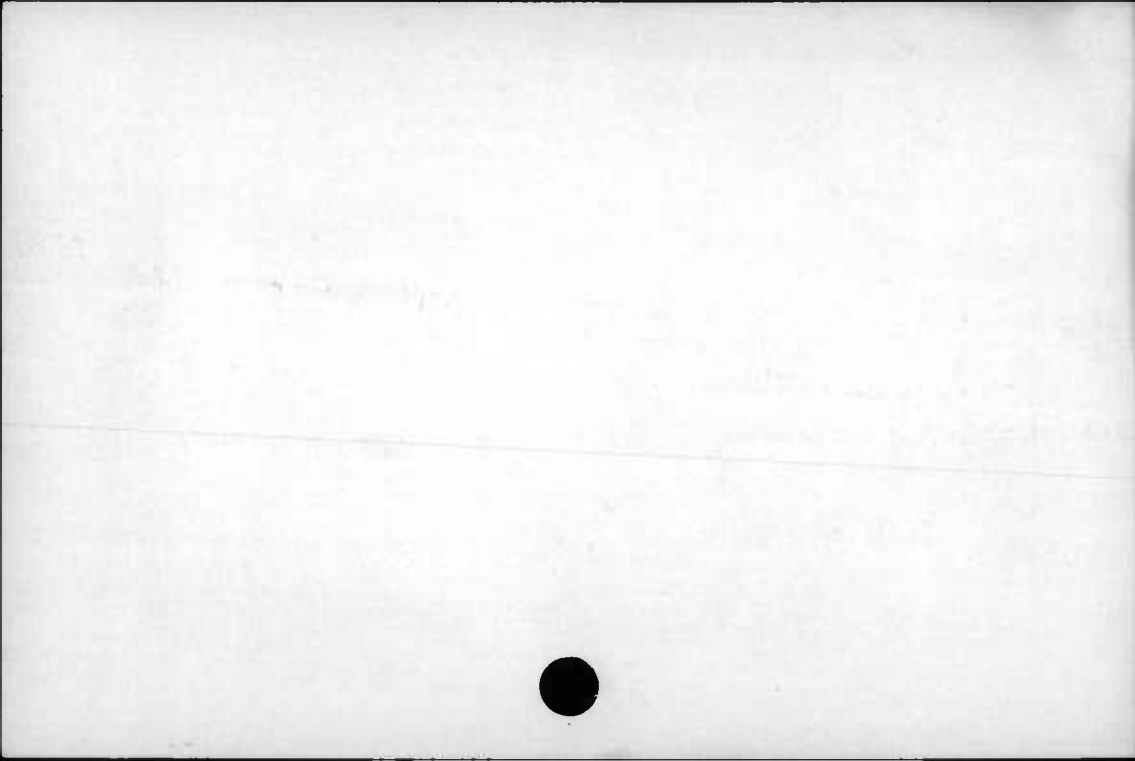
Primary Premature birth ^{How long} 15

Immediate " " ^{How long} .

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} J. L. Hopkin

^{Address} Harford Grace Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

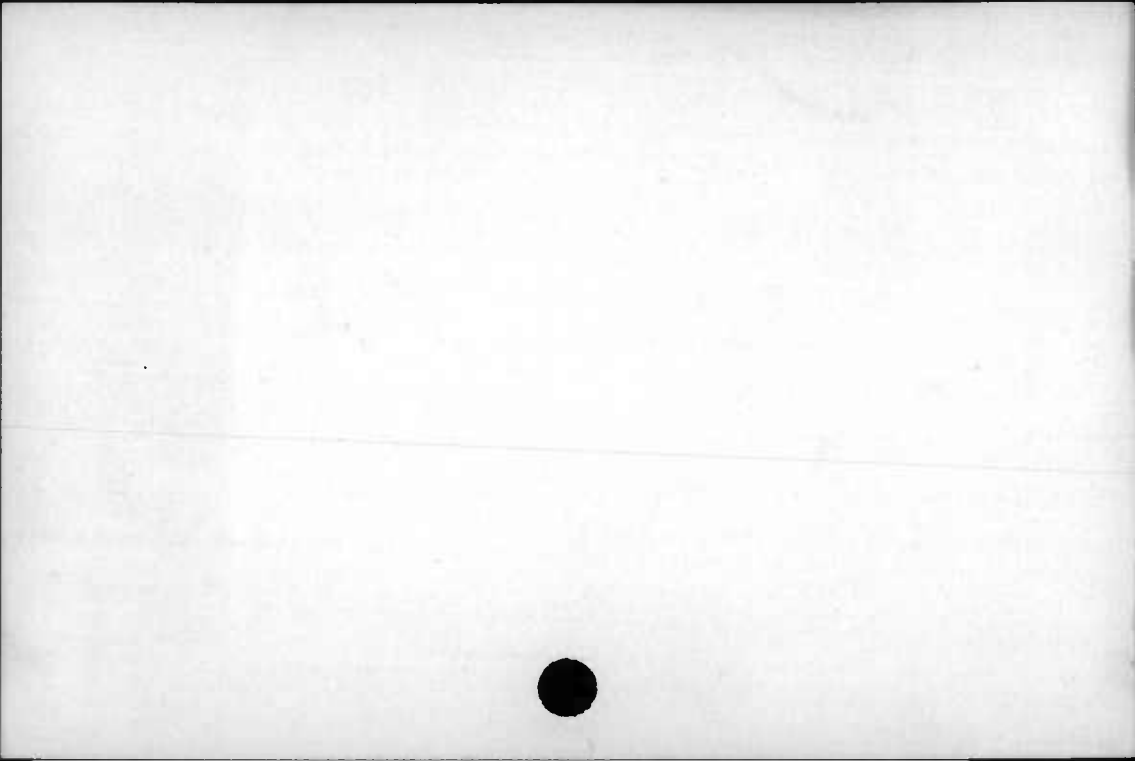
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamlet Grace</i> ^{Town} <i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>19</i>	Age <i>13</i>
Sex <i>Male</i>	Color of Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband		
Father's Name <i>John Dennis</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Lillian Crowson</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>James Dennis</i>	How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Congenital Atelectasis</i>	How long <i>13 days</i>
Immediate <i>asphyxia</i>	How long <i>Four days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yo</i>	Signature of Physician <i>W B Kirk MD</i>
	Address <i>Darlington Md</i>
Accident or Suicide?	



Name
in
Full

Eliza Divers

CERTIFICATE OF DEATH

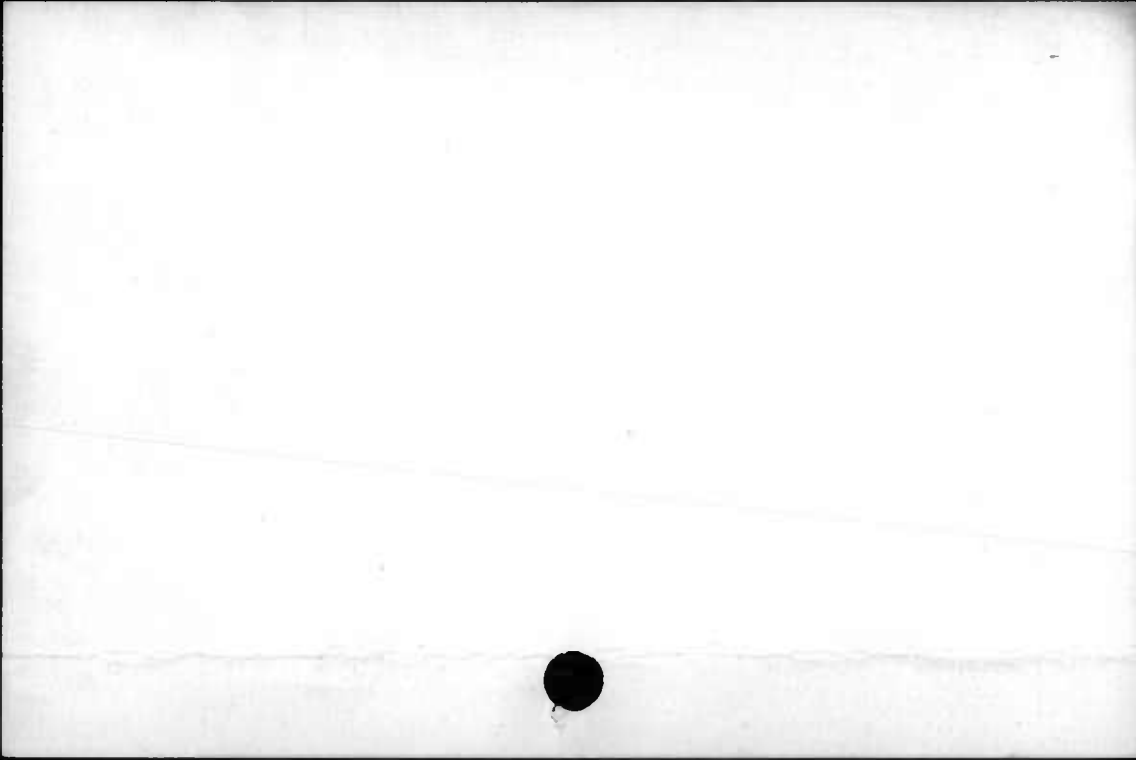
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fallston		County Harford		MARYLAND	
Date of death		190	7	Month Feb	21	Day	Age
						84	
						No	
						1	
Sex		Female		Color or Race		White	
Occupation		House Wife		Birth-place		Maryland	
Where Residing if not at place of death		Md.					
Married, Single or Widowed		Widow		Name of Wife or Husband		John Divers	
Father's Name		Isaac Pyle		Father's Birthplace		Md	
Mother's Maiden Name		Elizabeth Thomas		Mother's Birthplace		Md	
Name of person giving information		Lydia J. Pyle		How related to deceased		Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	How long	ten years.
Immediate	Grippe	How long	one week.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		John S. Iken	
		Address	
		Gittings	
Accident or Suicide?			



Name
In
Full

Mary E. Ford

Harford.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Whiteford</u> ^{Town}		County <u>Harford.</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>2.</u>	Day <u>22.</u>	Age <u>61</u> Years	Months	Days
Sex <u>Female.</u>	Color or Race <u>White</u>		Birth-place <u>Pa.</u>		
Occupation <u>Housekeeper -</u>			Where Residing if not at place of death		
Name of Deceased or Widowed			Name of Wife or Husband		
Father's Name <u>Michael Ellison</u>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Bryan Ford</u>			How related to deceased <u>son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Carcinoma</u>	How long <u>2 y.</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. Warner Ramsey</u>
	Address <u>Delta York Co. Penna.</u>
Accident or Suicide?	

Feb 24-07

St Marys

Name
in
Full

Bessie L. Frayer

CERTIFICATE OF DEATH

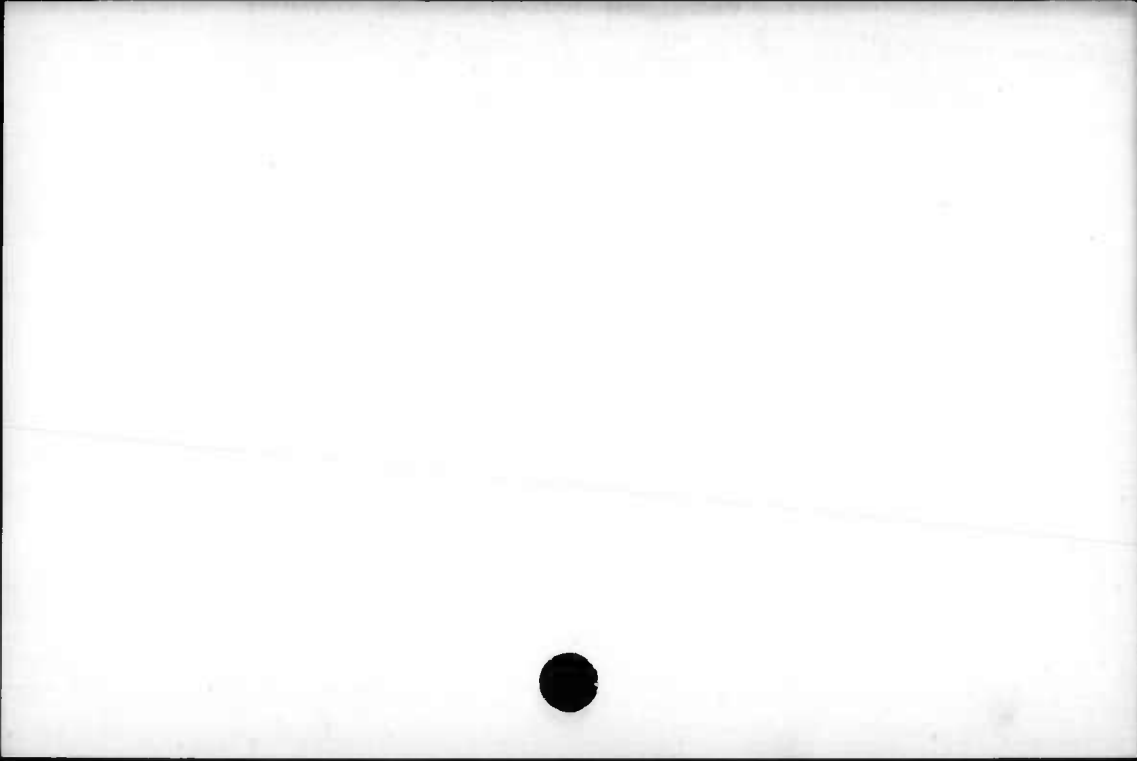
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Churchville</i>		^{County} <i>Hayford</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1907</i>	<i>Feb.</i>	<i>20</i>	<i>31</i>	<i>10</i>	<i>29</i>
Sex	Color or Race		Birth-place		
<i>Female</i>	<i>White</i>		<i>Hayford Co.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
<i>widowed</i>			<i>Harry Frayer</i>		
Father's Name			Father's Birthplace		
<i>Jason H. Scarborough</i>			<i>Ind.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Elizabeth Scarborough</i>			<i>Ind.</i>		
Name of person giving information			How related to deceased		
<i>J. W. Scarborough</i>			<i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>9 days</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>F. L. Hughes</i>	
		Address	
		<i>Fruct. Hill</i>	
Accident or Suicide?			
		<i>Ind.</i>	



Name
in
Full

Edgar Calvin Gilbert

CERTIFICATE OF DEATH

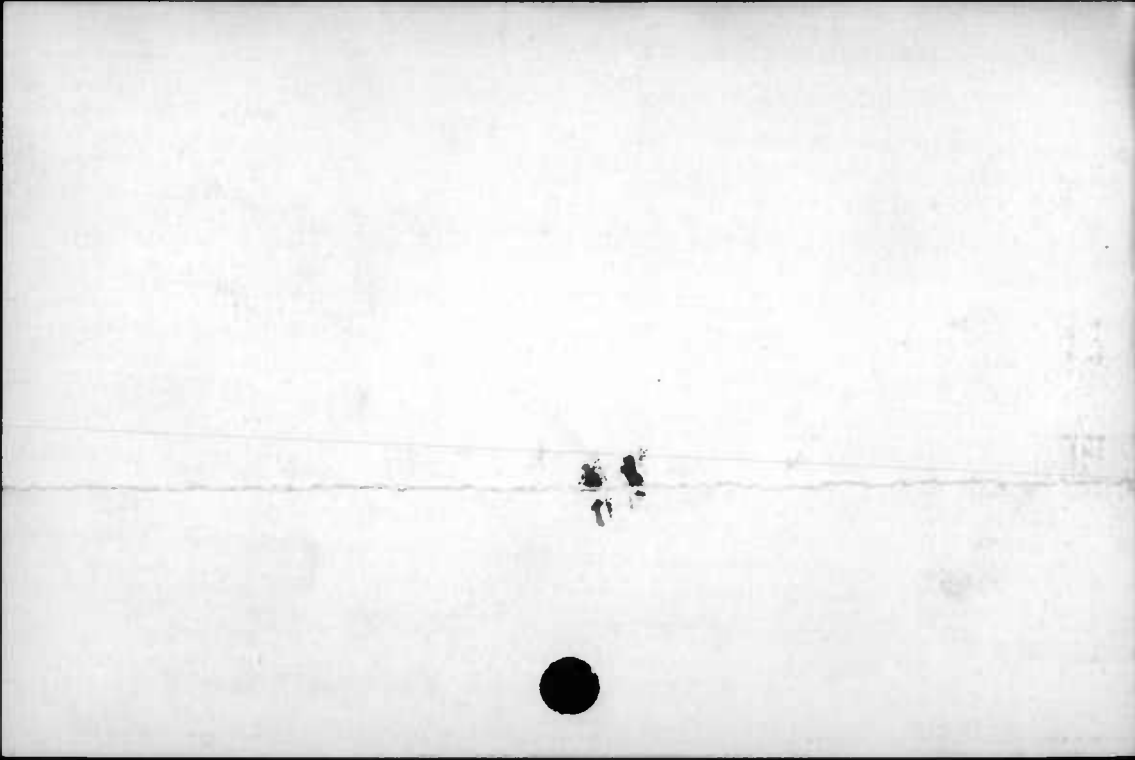
TO BE ANSWERED BY
NEAREST FRIEND

Died at Near Rocks		Town		County Harford		MARYLAND	
Date of death 1907	Month Feb	Day 2	Age 25	Years	Months 1	Days —	
Sex Male		Color or Race White		Birth-place Ind.			
Occupation Laborer		Where Residing if not at place of death Forest Hill					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John C. Gilbert		Father's Birthplace Maryland					
Mother's Maiden Name Sarah F. Griffin		Mother's Birthplace Ind.					
Name of person giving information Father		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diabetes	How long 50
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician E. H. Lammie
	Address
Accident or Suicide?	



Name
in
Full

Mrs. Susan Gilbert

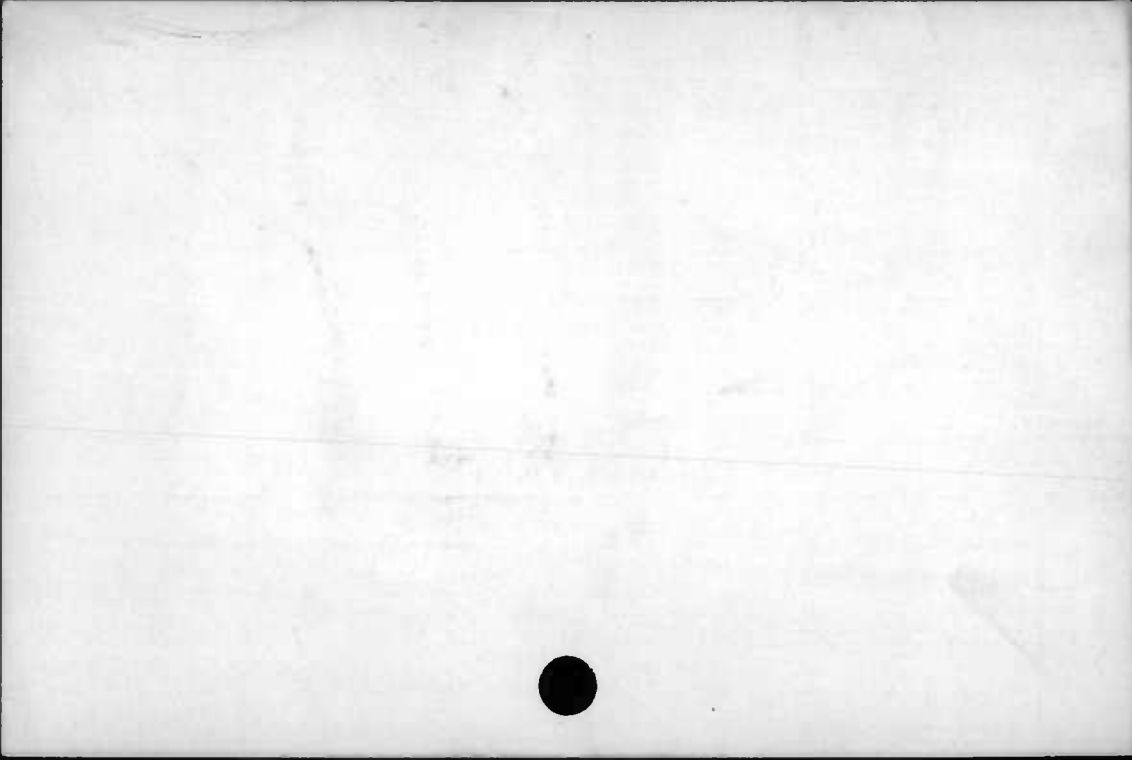
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Near Aberdeen.</i>		County <i>Barford.</i>		MARYLAND	
Date of death		Month <i>1907 Feb.</i>	Day <i>17</i>	Years <i>83</i>	Months <i>10</i>	Days <i>21</i>	
Sex	<i>Female</i>		Color or Race	<i>White.</i>		Birth-place	<i>Barford Co.</i>
Occupation	<i>House work.</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Harvil T. Gilbert.</i>			
Father's Name	<i>Henry Bowen.</i>				Father's Birthplace	<i>Barford Co.</i>	
Mother's Maiden Name	<i>Mary Holland.</i>				Mother's Birthplace	<i>Montgomery Co.</i>	
Name of person giving information	<i>Ela B. Hughes</i>				How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

Primary	<i>Old age</i>	How long	<i>10</i>
Immediate	<i>La Grippe.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>J. H. Roberts</i>	
Address		<i>Churchville, Md.</i>	
Accident or Suicide?		<i>—</i>	



Name
in
Full

Harry P. Grimes Grice.

CERTIFICATE OF DEATH

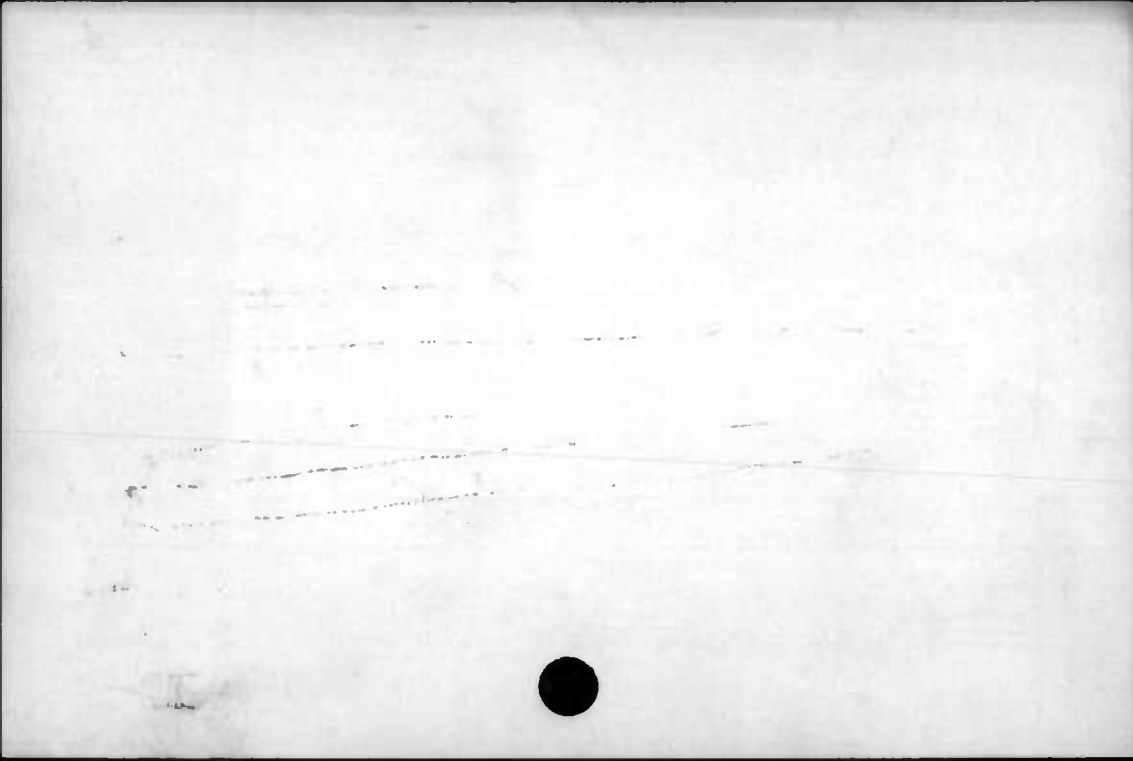
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Aberdeen</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>February</u> ^{Month}	<u>Sunday</u> ^{Day}	<u>1</u> ^{Years}	<u>5</u> ^{Months}	<u>31</u> ^{Days}
Sex <u>male</u> <u>boy</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore Md</u>		
Occupation <u>✓</u>	Where Residing if not at place of death <u>Aberdeen, Md</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>Clara Grice</u>				
Father's Name <u>Jerry Conbert</u>	Father's Birthplace <u>Boston Mass.</u>				
Mother's Maiden Name <u>Clara Grice</u>	Mother's Birthplace <u>Cahary Md</u>				
Name of person giving information <u>Ethel Grice</u>	How related to deceased <u>Aunt</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>12 days</u>
Immediate <u>Convulsions</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr Kennedy</u>
	Address <u>Aberdeen Md</u>
Accident or Suicide? <u>✓</u>	



Name
in
Full

Elizah M. Hall

CERTIFICATE OF DEATH

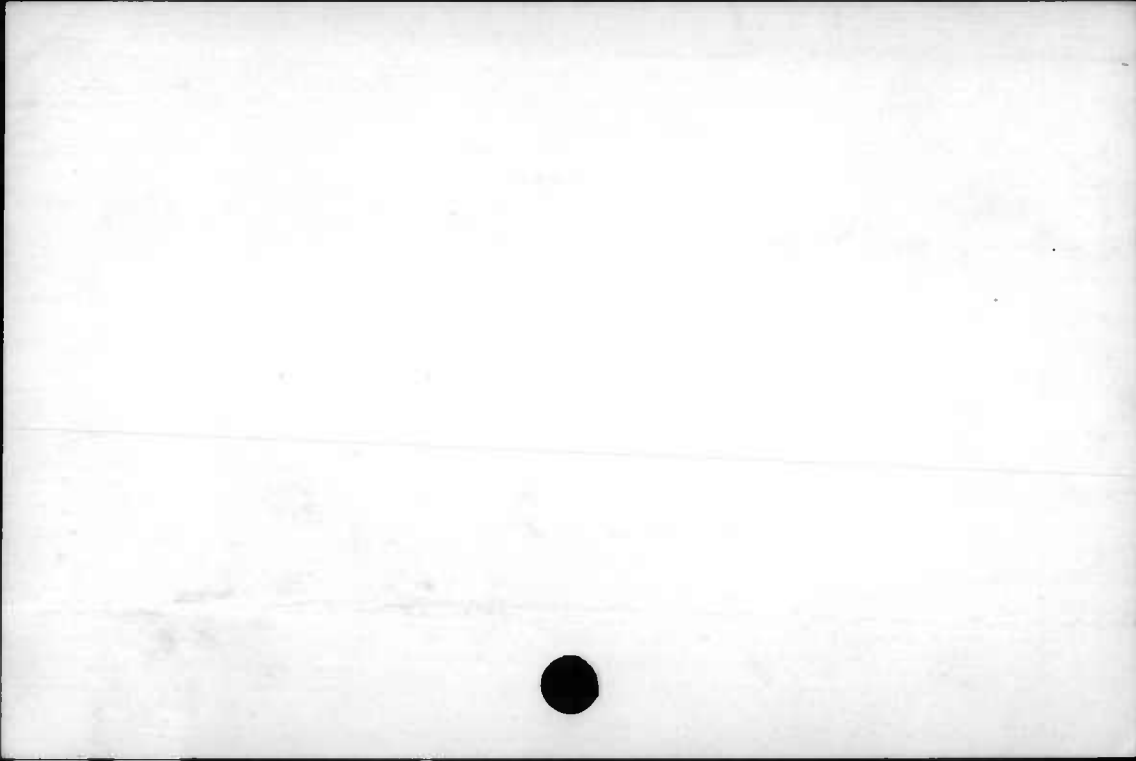
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hallston</i>			County <i>Harford</i>			MARYLAND		
Date of death <i>1907</i>		Month <i>2d.</i>	Day <i>7</i>	Age <i>57</i>	Years	Months <i>8</i>	Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Harford Co.,</i>				
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>near Hallston Md</i>				
Married, Single or Widowed		Name of Wife or Husband <i>Ruth Hall</i>						
Father's Name <i>Elizah Hall</i>				Father's Birthplace <i>Harford Co. Md</i>				
Mother's Maiden Name <i>Hardy</i>				Mother's Birthplace <i>Balto Md</i>				
Name of person giving information <i>Ruth Hall</i>				How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza Paralysis of Digestive Organs</i>	How long <i>7 days</i>
Immediate <i>Starvation</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Samuel J. Applegate</i>
	Address <i>Bel Air.</i>
Accident or Suicide?	



Name
in
Full

Elizabeth Ann Holingshead

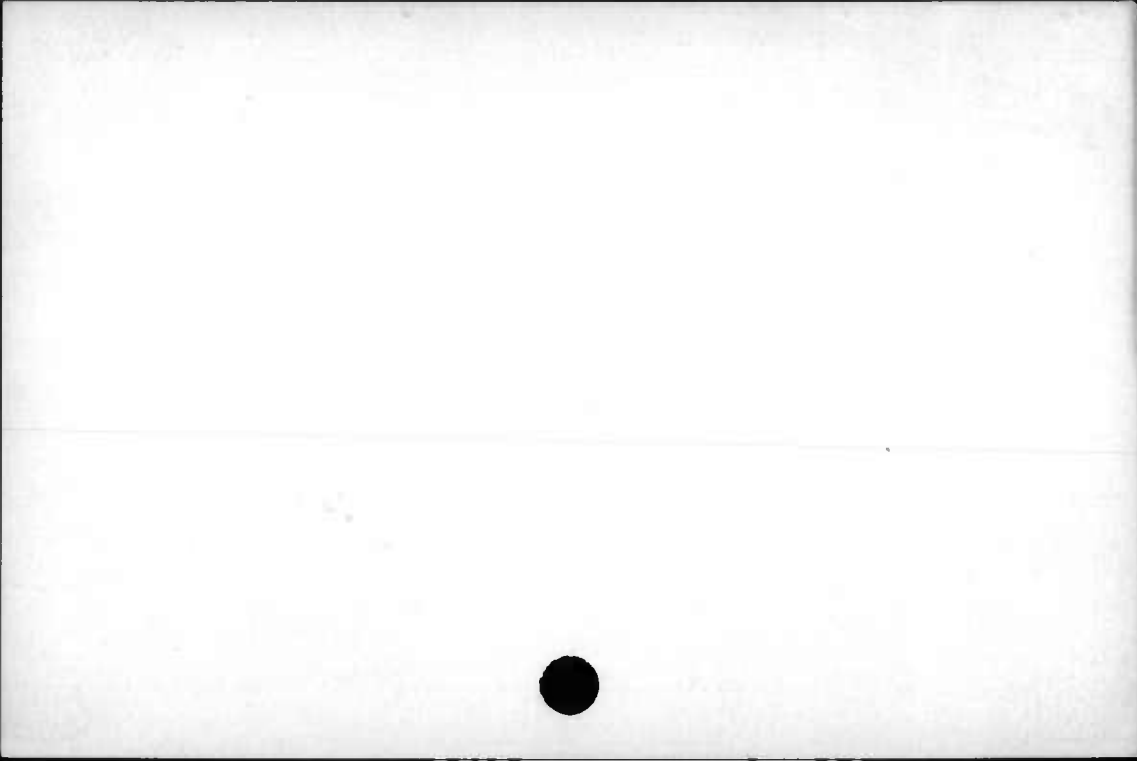
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White Hall</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	1907	Month	February	Day	28
Age	95	Months	6	Days	
Sex	Female	Color or Race	white	Birth-place	White Hall
Occupation	Retired	Where Residing if not at place of death	White Hall		
Married, Single or Widowed		Name of wife or Husband	John Holingshead		
Father's Name	Mordueat Amos	Father's Birthplace	England		
Mother's Maiden Name	don't know	Mother's Birthplace	Harford Co Md		
Name of person giving information	Winfield Preston	How related to deceased	Grand Son		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Senile decay</i>	How long	<i>2 yrs</i>
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Y 20		<i>F. J. Turner</i>	
		Address		<i>White Hall</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

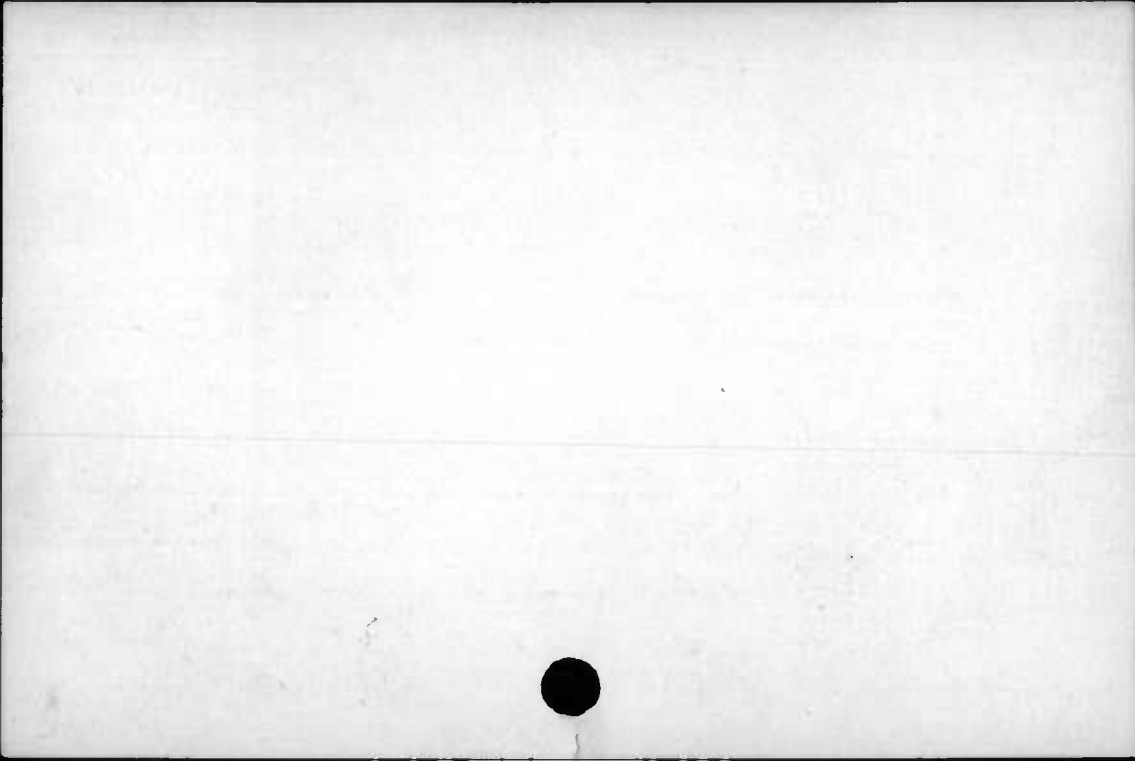
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		2	13	71	1	27	
Sex	Male		Color or Race	White		Birth-place	Ma
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mariah McCausland			
Father's Name	Joseph Hopkins				Father's Birthplace	Ma	
Mother's Maiden Name	Let Otta Miller				Mother's Birthplace	Ma	
Name of person giving information	M. F. Hopkins				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes Insipidus	How long	50	4 months
Immediate	Heart Failure	How long	4 days	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			
	Address			
	W B Clark Ma			
	Washington			
	Ma			
Accident or Suicide?				



Name
in
Full

William Allen Johns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Abingdon* Town *Harford* County **MARYLAND**

Date of death **1907** *February* Month *22d* Day *83* Age *8* Months *8* Days

Sex *male* Color or Race *white* Birth-place *Abingdon*

Occupation *Farmer* Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Eliza Franklin*

Father's Name *Frances Johns* ✓ Father's Birthplace *France*

Mother's Maiden Name *Eliza Franklin* ✓ Mother's Birthplace *Ireland*

Name of person giving information *Joseph Johns* How related to deceased *Son*

CAUSES OF DEATH

Primary *Age Inanition* *(M)* How long *3 years*

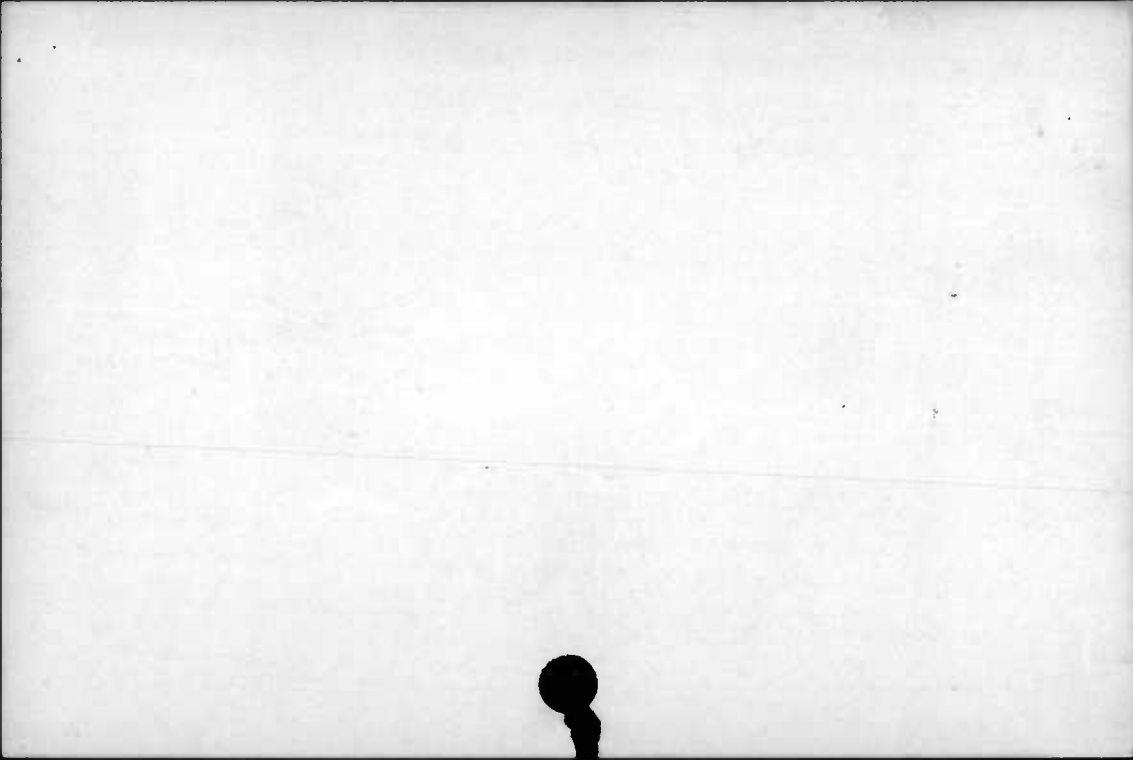
Immediate *collapsing Heart* How long *at once*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R. Oppermann*

Address *Abingdon*

Accident or Suicide? _____

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Pylesville, ^{Town}

County

MARYLAND

Date

of death 1907

Month

Feb.

Day

19

Age

Years

6 mos.

Months

6 mos.

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Pylesville

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden Name

Lelara Johnson

Mother's
Birthplace

Harford Co. Md.

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Pneumonia

How long

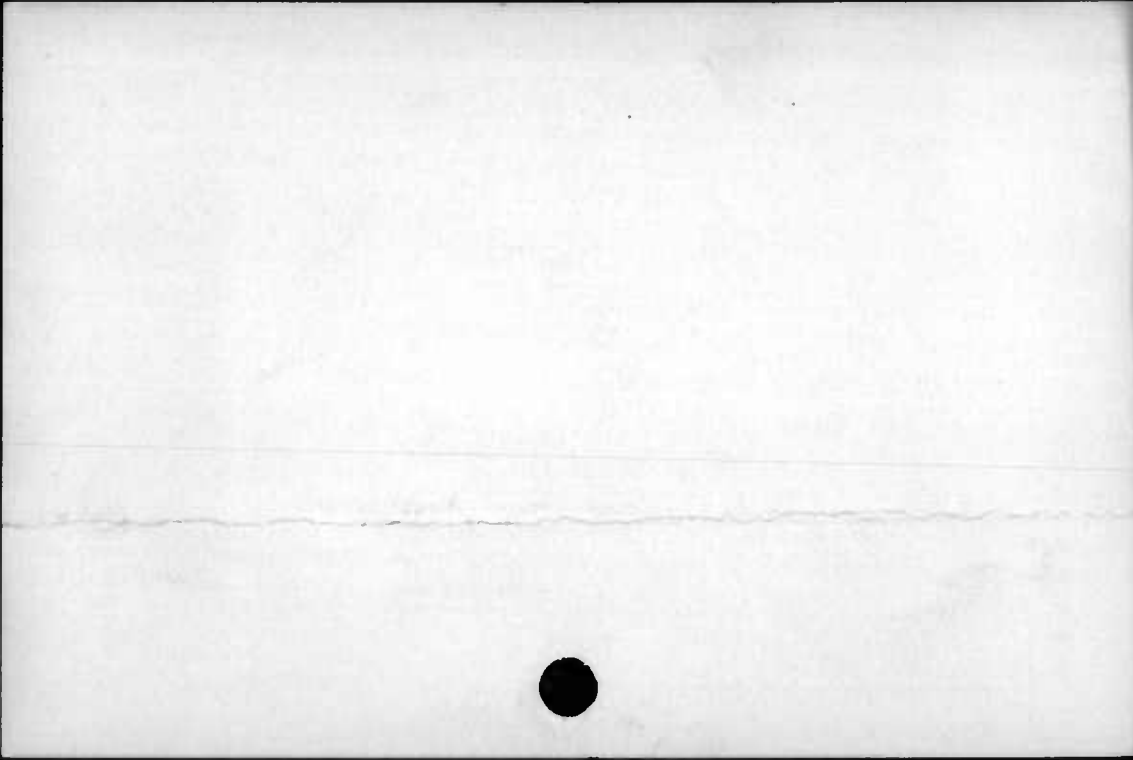
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

G. H. Lammors
Street
Md.

Accident or Suicide?



Name
in
Full

Anna Eleanor Kenney

CERTIFICATE OF DEATH

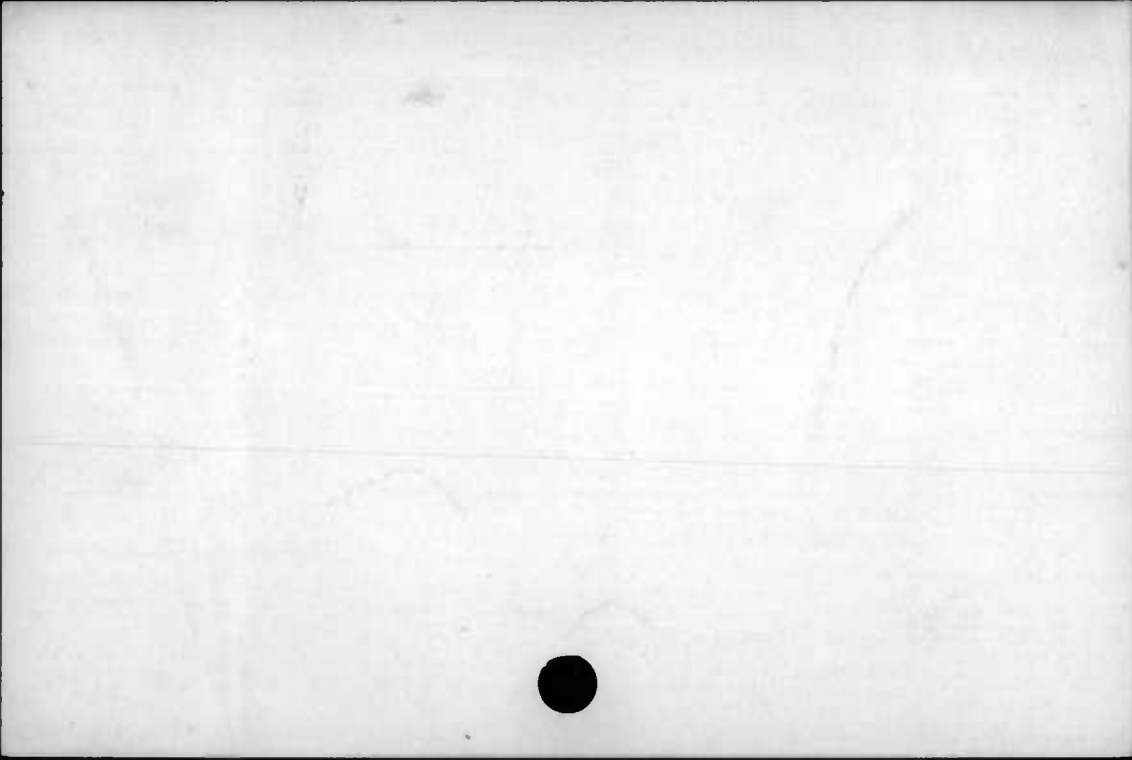
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harre de Grace		County Harford		MARYLAND	
Date of death	1907	Month 2	Day 4	Age 8	Years	Months 11	Days
Sex	Female		Color or Race	White		Birth- place	Harre de Grace
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Daniel C. Kenney			Father's Birthplace	
Mother's Maiden Name			Catherine Brown			Mother's Birthplace Harre de Grace	
Name of person giving In formation			A			How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chorea's & Insult	How long	Don't know
Immediate	Convulsion	How long	Few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		R. H. Smith	
		Harre de Grace	
Accident or Suicide?			



Name
in
Full

James Larnner

CERTIFICATE OF DEATH

Town

County

Died at

Havford

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

Feb

16

Age

78

Sex

Male (2.4)

Color or
RaceBirth-
place

Ireland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formation

John Larnner

How related
to deceased

Sons

CAUSES OF DEATH

Primary

Ventral Hernia

How long

25 yrs

Immediate

Intestinal strangulation

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

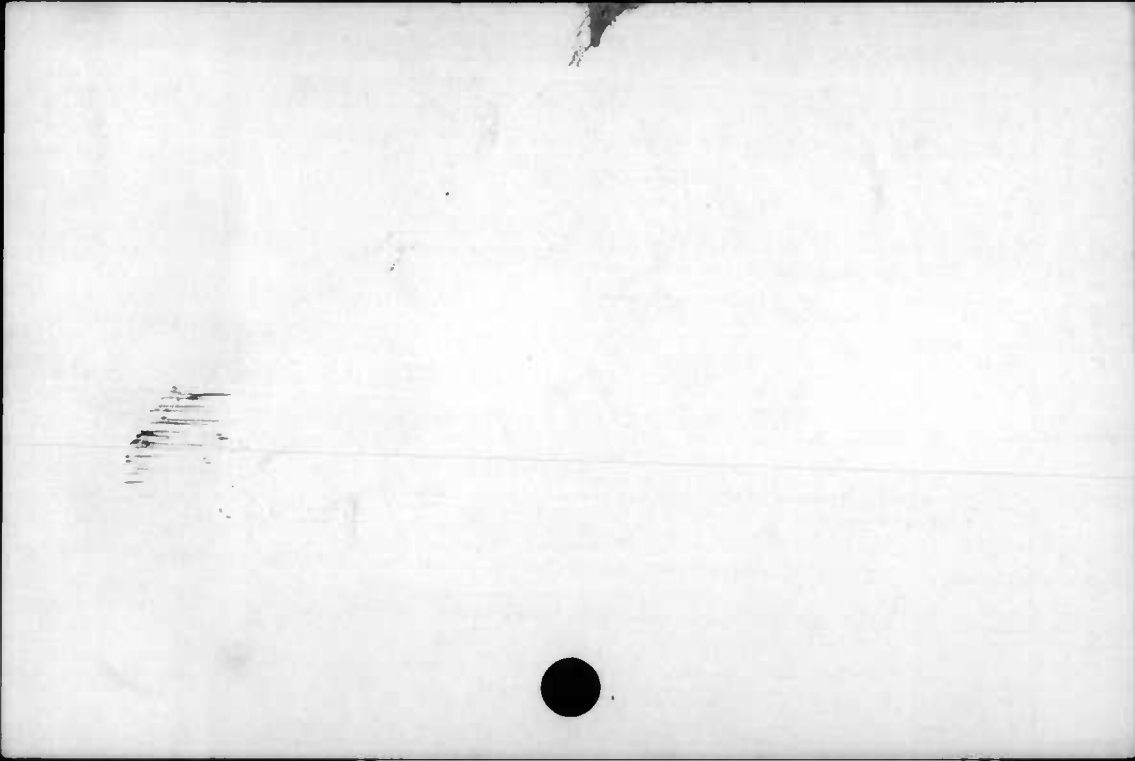
Signature of
Physician

Address

J. L. Hopkins
Havre de Grace
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

Helen Robinson High

CERTIFICATE OF DEATH

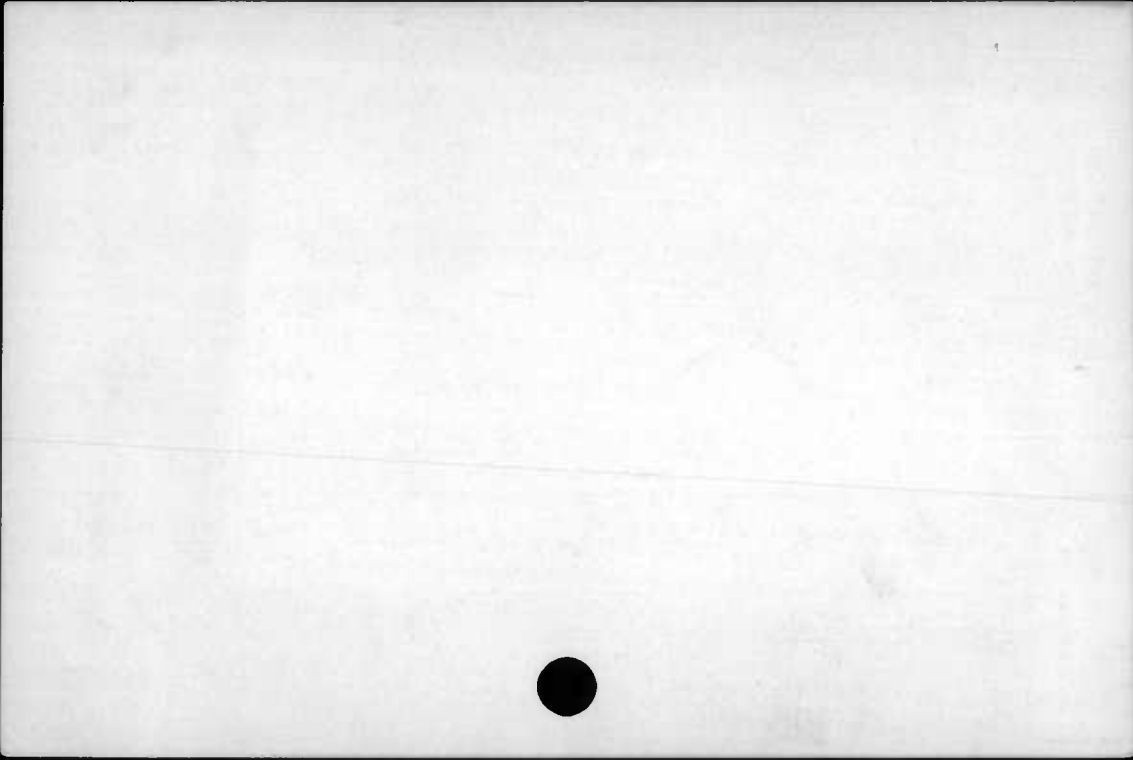
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harrods Grace		County Barford		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		2	19	24			
Sex Female		Color or Race B		Birth- place			
Occupation House Wife				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Rolie High			
Father's Name Joseph Robinson				Father's Birthplace Balto, C.			
Mother's Maiden Name Ruth Kyle				Mother's Birthplace " City			
Name of person giving In formation Joseph Robinson				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis		How long About 1 yr	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. H. Smith	
		Address Harrods Grace Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

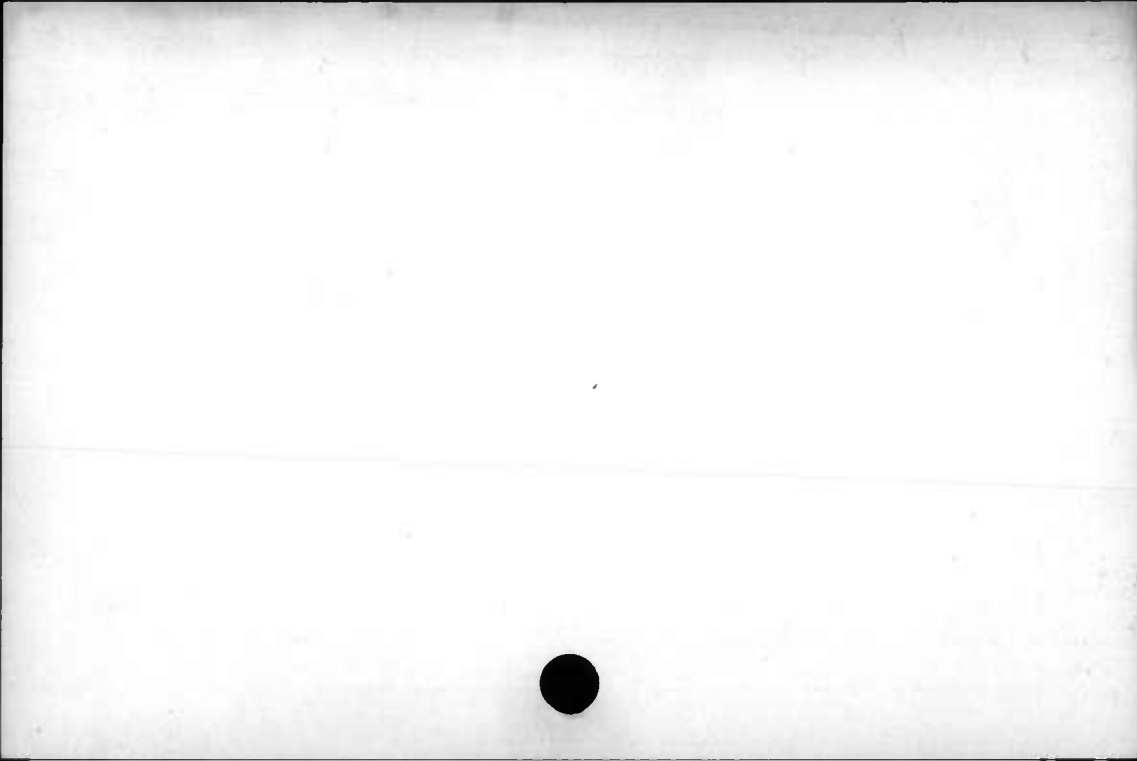
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1907		Month	Day	Age	Years	Months	Days
Feb.		19		74			
Sex	male	Color or Race	White	Birth-place	Ind.		
Married, Single or Widowed	Married	Occupation	Carpenter				
Name of Wife or Husband	Jane McCommens						
Father's Name	Zebadiah McCommens					Father's Birthplace	Ind.
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving information	Stephen McCommens					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Debility	How long	2 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	F. L. Hughes
		Address	Forest Hill, Ind.
Accident or Suicide?			



Name
in
Full

Rev Lewis Ewer Martin

CERTIFICATE OF DEATH

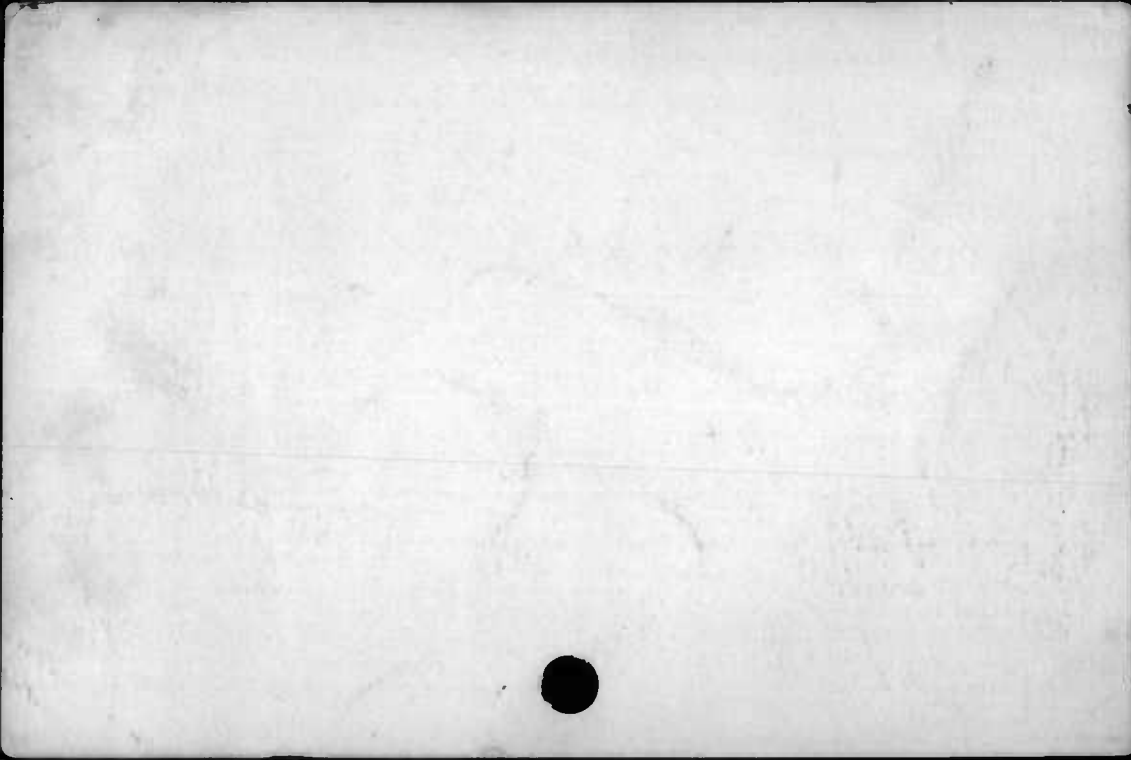
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mount Vernon</i>		Town <i>aberdan</i>		County <i>Harford</i>		MARYLAND	
Date of death	1907	Month	2	Day	22	Years	Age 67
Sex	male		Color or Race	white		Birth-place	<i>Poppo White</i>
Occupation	<i>minister</i>		Where Residing if not at place of death		<i>near aberdan</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>Rev Lewis Ewer Martin</i>		
Father's Name	<i>Samuel Martin</i>					Father's Birthplace	<i>Harford Md</i>
Mother's Maiden Name	<i>Bessie Hopkins</i>					Mother's Birthplace	<i>Harford Md</i>
Name of person giving information	<i>L W Martin</i>					How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Disease Brain</i>	How long	<i>3 mo.</i>
Immediate	<i>Heart Paralysis</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J M Kennedy</i>	
		Address	
		<i>aberdan Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

Age

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

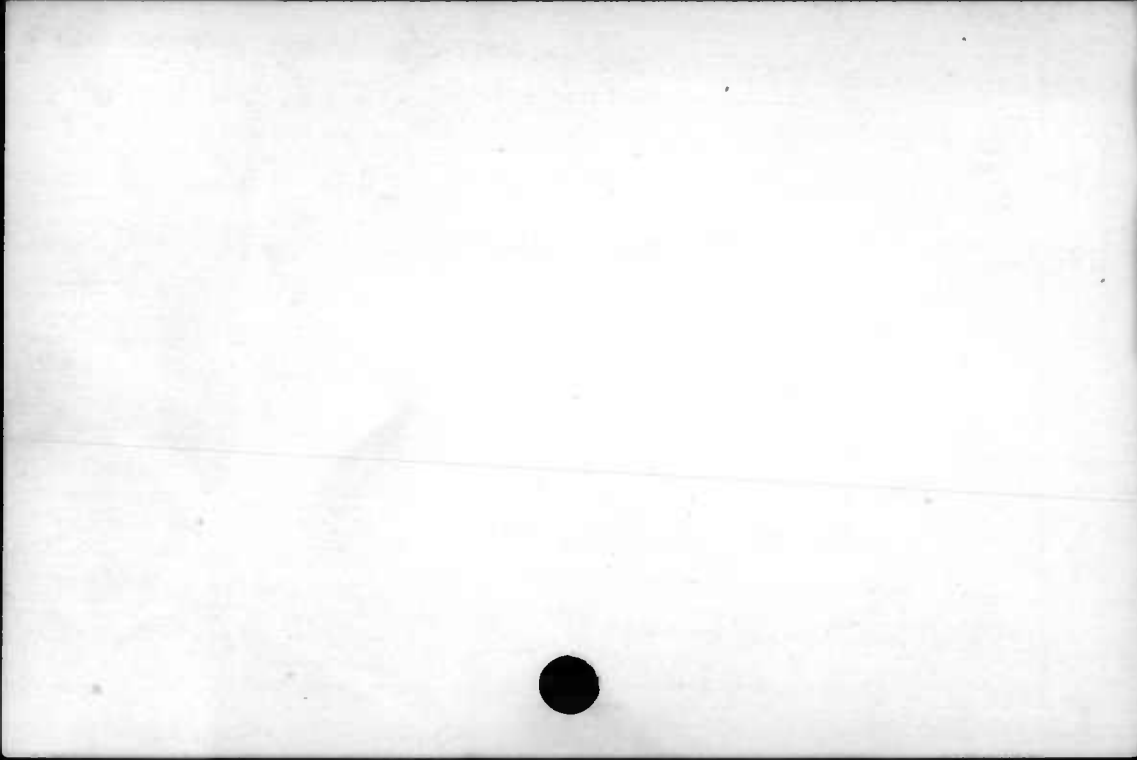
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Bennett Osborn

CERTIFICATE OF DEATH

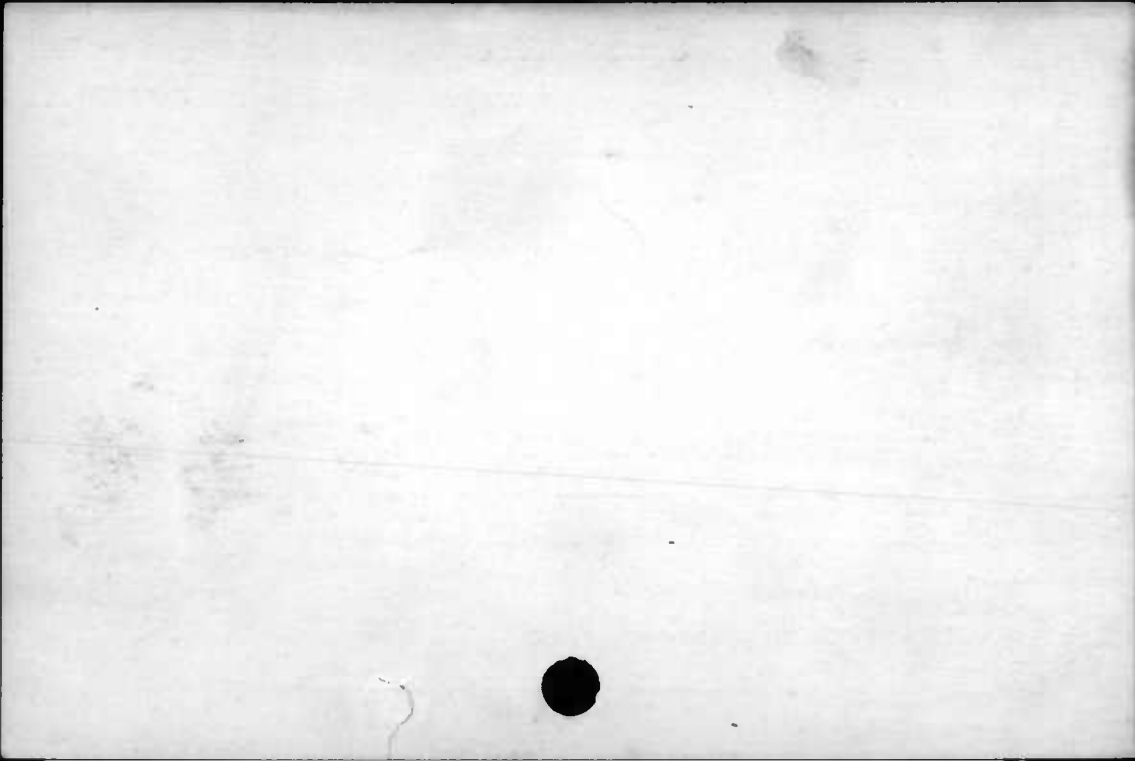
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Abundum</u>		Town <u>Starford</u>		County		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>14</u>	Age <u>74</u>	Years	Months <u>2</u>	Days <u>1</u>	
Sex		Color or Race		Birth-place <u>Abundum</u>			
Occupation <u>Carpenter</u>			Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Harriet M. Jackson</u>					
Father's Name <u>Henry J. Osborn</u>		Father's Birthplace <u>Abundum</u>					
Mother's Maiden Name <u>Sarah White</u>		Mother's Birthplace					
Name of person giving information <u>A. H. Osborn</u>		How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer Prostate</u>	How long <u>1 year</u>
Immediate <u>Fracture</u>	How long <u>2 mo</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Kennedy</u>
	Address <u>Abundum Md</u>
Accident or Suicide?	



Name
in
Full

Maurice I. Robinson

CERTIFICATE OF DEATH

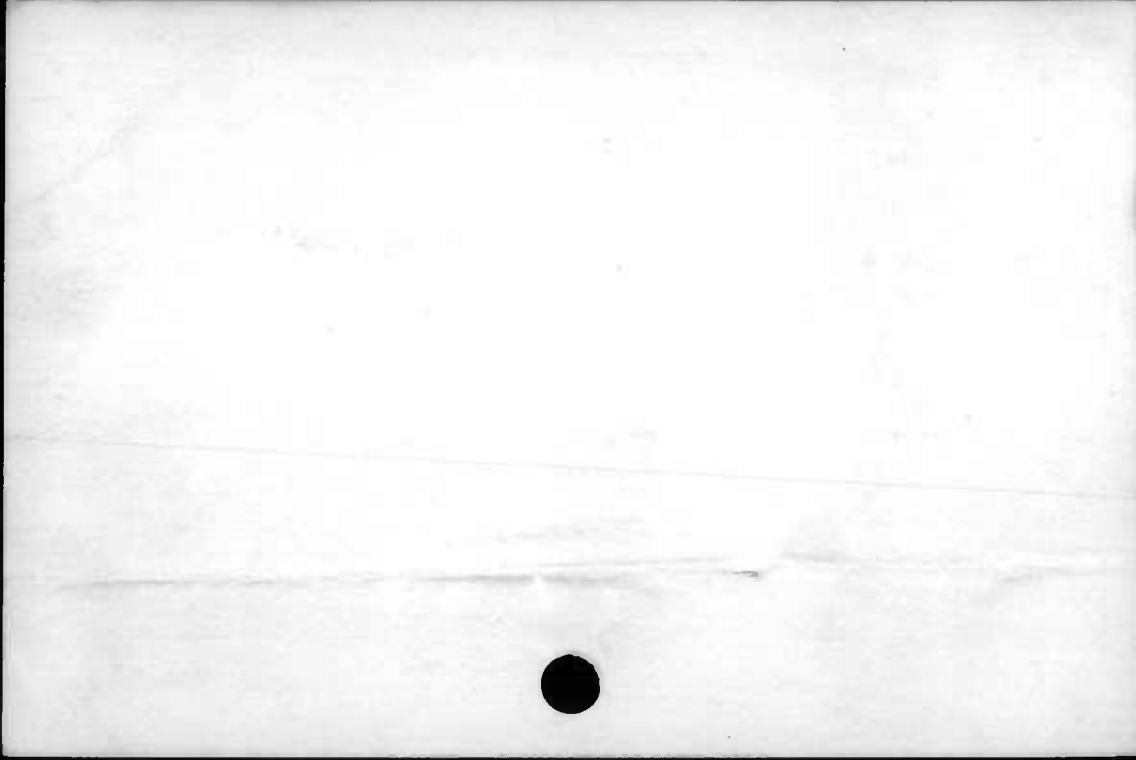
TO BE ANSWERED BY
NEAREST FRIEND

Died at near <i>Fallston</i>		Town <i>Fallston</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>2d</i>	Day <i>5th</i>	Age <i>61</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Elliot City Howard Co</i>				
Occupation <i>House Wife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband				
Father's Name <i>J. P. Smith</i>			Father's Birthplace				
Mother's Maiden Name <i>Olevia, H. P. Levering</i>			Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>Chas. Robinson</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>La Grippe compli. with double pneumonia</i>	How long	<i>about 1 week</i>
Immediate	<i>Cordiac Failure</i>	How long	<i>sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. H. Meyer, M.D.</i>	
		Address <i>Baltimore Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Shea</i>				County <i>Harford</i>		MARYLAND	
Died at <i>Hallston</i>		Town <i>Hallston</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>2d.</i>		Day <i>13</i>		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		Months	
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Hallston</i>		Years		Days	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband		Father's Birthplace <i>Co. Dublin, Ireland</i>		Mother's Birthplace <i>Co. Dublin, Ireland</i>	
Father's Name <i>Edm Shea</i>		Mother's Maiden Name <i>Isabella Grahill</i>		How related to deceased <i>Nephew</i>		Name of person giving information <i>John Livingston</i>	

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Geo. W. Davis M.D.
*Mearantville**Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Silver</i>		County <i>Harford</i>		MARYLAND	
Date of death	1907	Month	Feb.	Day	4	Age	Years
Sex		Male		Color or Race		White	
Occupation				Birth-place		Harrod Grace	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		William F. Silver		Father's Birthplace		Harford co.	
Mother's Maiden Name		Lorraine Harkins		Mother's Birthplace		Harford co.	
Name of person giving information		W. F. Silver		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Weak heart	How long	From birth
Immediate	Was found dead	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Emma Polk Limons

CERTIFICATE OF DEATH

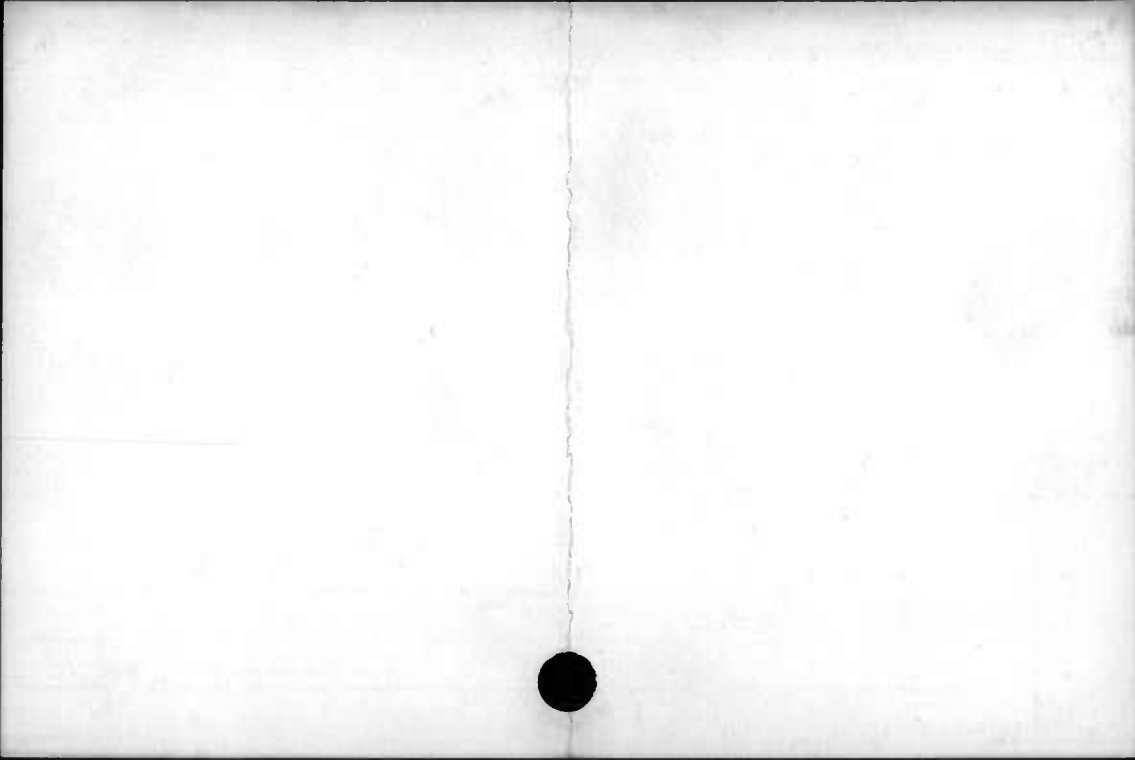
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Abingdon</u> ^{Town}		<u>Hanover</u> ^{County}		MARYLAND	
Date of death 1907	<u>2</u> ^{Month}	<u>8</u> ^{Day}	Age <u>50</u> ^{Years}	<u>56</u> ^{Months}	<u>6</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>		Occupation <u>—</u>	
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Lidney A. Limons</u>			
Father's Name <u>Jesse C. Polk</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Elizabeth Billingslea</u>		Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>Salem M. Baker</u>		How related to deceased <u>Cousin</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart Disease</u>	How long <u>many years</u>
Immediate <u>Apoplexy</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Nathan R. Gorter</u>
Accident or Suicide? <u>—</u>	Address <u>147 Biddle St. Baltimore Md</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

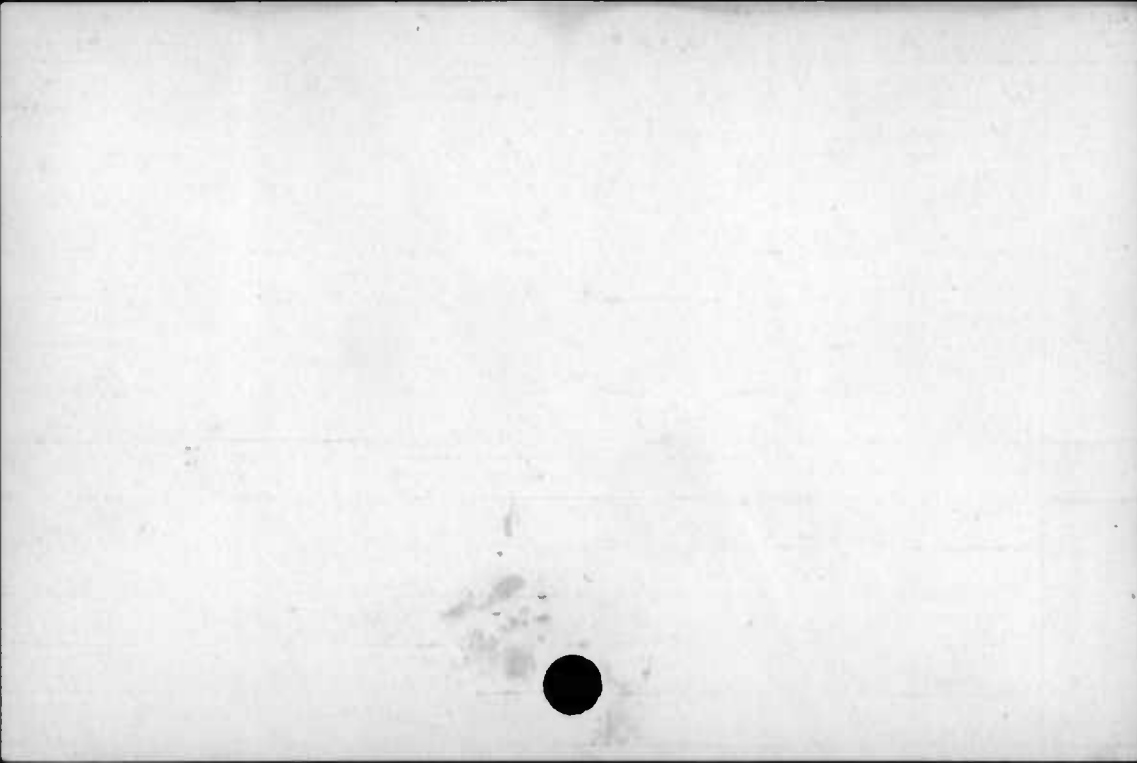
Name in Full John R. Spencer		Town Gurland		County Harford		State MARYLAND	
Died at Gurland		Month Feb		Day 3		Years 82	
Date of death 1907		Months 2		Days 3		Age 82	
Sex Male		Color or Race White		Birth-place Med			
Occupation Farmer		Where Residing if not at place of death Same					
Married, Single or Widowed Married		Name of Wife or Husband Sarah Bailey					
Father's Name John W. Spencer		Father's Birthplace Maryland					
Mother's Maiden Name Rebecca Keen		Mother's Birthplace Maryland					
Name of person giving Information Elizabeth Parson		How related to deceased Daughter					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular Heart-disease	How long 10 years
Immediate	Heart-disease & Complications	How long Several years
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. L. Hopkins
		Address Stave de Grace
		Med
Accident or Suicide?		



Name
in
Full

Pauline Stanbury

CERTIFICATE OF DEATH

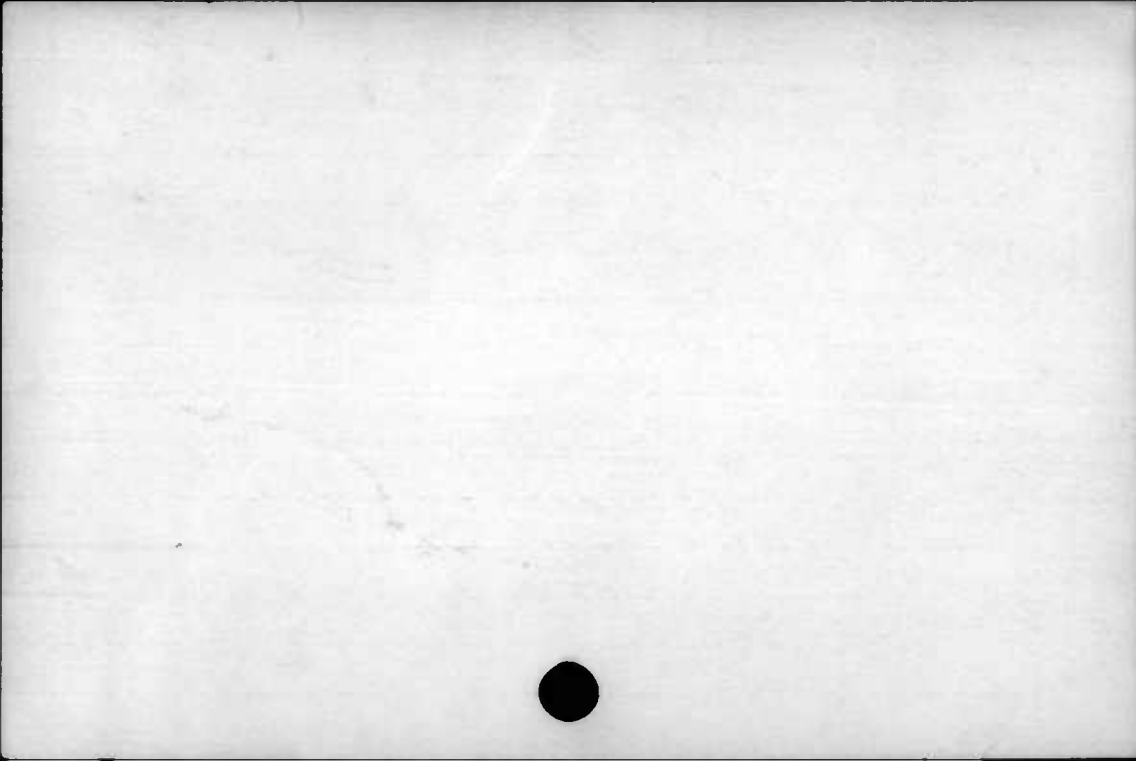
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harford</i> Town <i>Towson</i> County <i>Harford</i>		MARYLAND	
Date of death 190 <i>7</i> Month <i>July</i> Day <i>22</i>	Age <i>6-8</i> Years	Months <i>1</i>	Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Walter Stanbury</i>			
Father's Name <i>Thomas McCalland</i>	Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Julia Wilson</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Walter Stanbury</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>2 years</i>
Immediate <i>Dropy and exhaustion</i>	How long <i>2 weeks</i>
Are the name, sex, color, date and place given above? <i>Yes</i>	Signature of Physician <i>J. J. [illegible]</i>
	Address <i>Criswell Md</i>
Accident or Suicide? <i>No</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Harrods de Grace</i>		Town <i>Harford Co</i>		County <i>Harford Co</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>14</i>	Age <i>83</i>	Years <i>6</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>N.Y. City</i>				
Occupation <i>Sash maker</i>	Where Residing if not at place of death <i>at Home (City)</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Mary E. Stoni</i>						
Father's Name <i>Joseph Stoni</i>	Father's Birthplace <i>N.Y.</i>						
Mother's Maiden Name <i>Vandusenbury</i>	Mother's Birthplace						
Name of person giving information <i>Son</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

Primary <i>La Grippe</i>	How long <i>10</i>
Immediate <i>Pneumonia</i>	How long

Are the name, age, sex, color, date and place correctly given above?

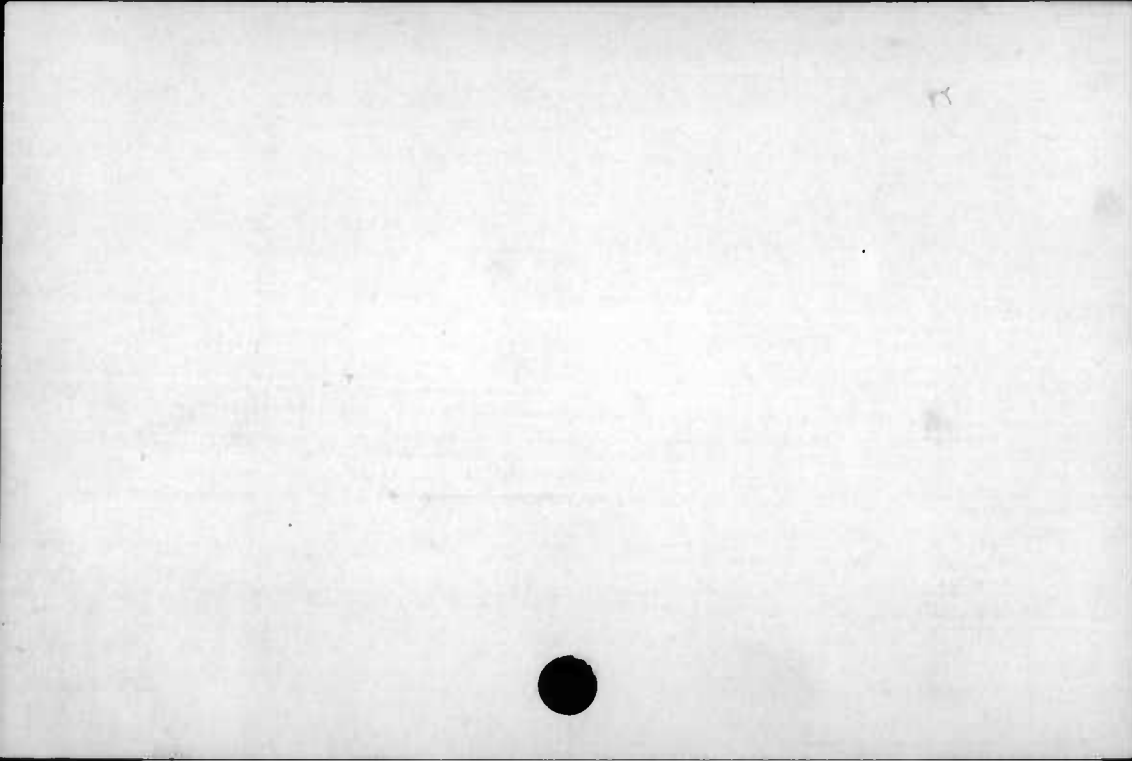
Yes

Signature of Physician

Address

AC Brothers
Harrods de Grace

Accident or Suicide?



Name
in
Full

Isaac Barnes

CERTIFICATE OF DEATH

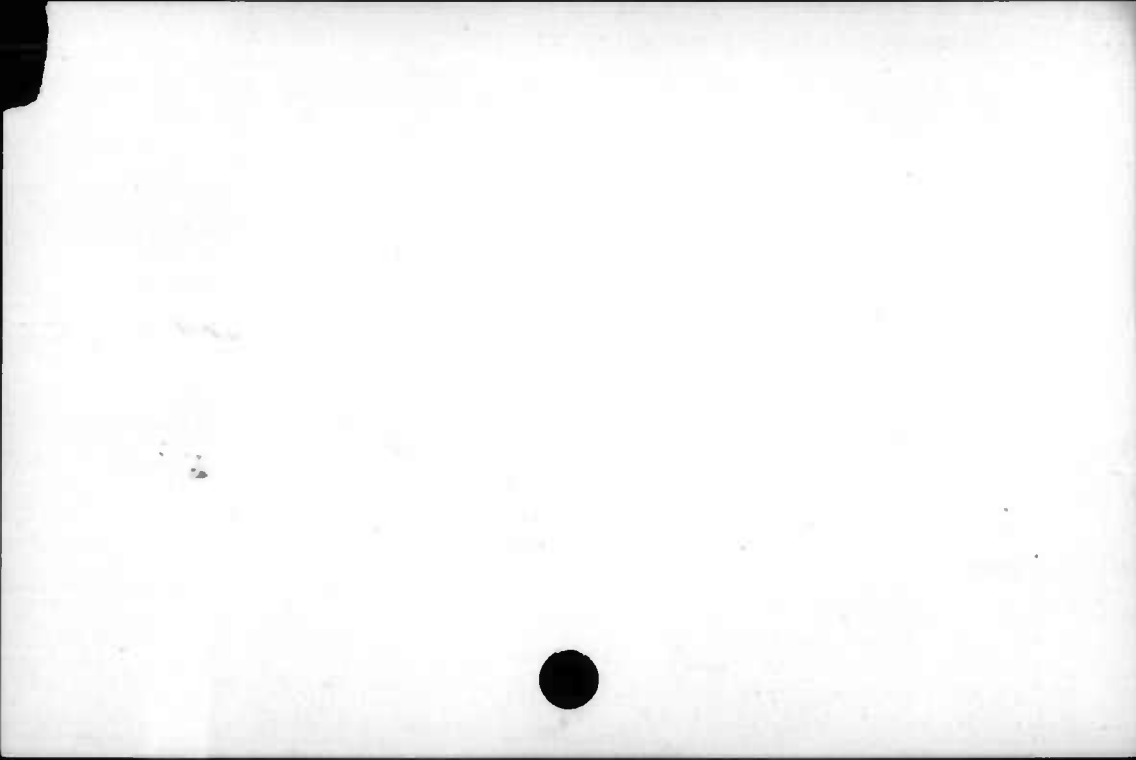
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Hill</i>		Town <i>Hill</i>		County <i>Hill</i>		STATE OF <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>20</i>	Age <i>74</i>	Years <i>74</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Forest Hill</i>						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Martha Barnes</i>						
Father's Name <i>John Barnes</i>	Father's Birthplace <i>Pa</i>						
Mother's Maiden Name <i>Jane Arnold</i>	Mother's Birthplace						
Name of person giving information <i>Jennie Groff</i>	How related to deceased <i>Sister</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Calcular disease of heart</i>	How long <i>14 yrs</i>
Immediate <i>Brucelutis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smithson</i>
	Address <i>Forest Hill Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mountain</i>		County <i>Harford</i>		MARYLAND	
Date of death	1907	Month <i>2</i>	Day <i>28</i>	Age <i>53</i>	Months _____ Days _____
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elen V. Vogts</i>				
Father's Name _____	Father's Birthplace _____				
Mother's Maiden Name _____	Mother's Birthplace _____				
Name of person giving information <i>Herman C. Vogts</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Consumption</i>	How long <i>4 years</i>
Immediate <i>Exhaustion</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles Bagley M.D.</i>
	Address <i>Bagley, Md.</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Clara Webster

Died at Cottleton Town Cecil County Rayford MARYLAND
 Date 1907 Month 2 Day 5 Age 14 Y. M. D. Native of Ind. Occupation School girl
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Elisha Webster Mother's Maiden Name Jane Webster

Cause of Death { Primary Chlorosis (Anemia) How long sick 6 months
 Immediate Resp. Paralysis Accident, Suicide, Homicide

Reported by A. M. RaganAddress Conowingo Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Mary D West		Town Chrome Hill		County Harford		MARYLAND	
Died at		Month Feb		Day 2		Years 97	
Date of death 1907		Month Feb		Day 2		Years 97	
Sex Female		Color or Race White		Birth-place Harford Co Md		Months 8 Days 3	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife Husband Stacy West		Father's Name Joseph Dallam		Father's Birthplace Maryland	
Mother's Maiden Name Mary Worthington		Name of person giving information Wilson D West		Mother's Birthplace " "		How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old Age	How long	154
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician O. H. M. Newman	
Yes		Address Janettsville	
Accident or Suicide?			

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Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Harrods Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death		Month	Day	Age		Months	Days
1907		2	11			2	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Harrods Grace</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Thomas Wise</i>				Father's Birthplace <i>Harrods Grace</i>			
Mother's Maiden Name <i>Florence Pinion</i>				Mother's Birthplace " " "			
Name of person giving information <i>Thomas Wise</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Over dose of Laudanum, Accidentally Given</i>		How long <i>a few hours</i>	
Immediate <i>Dyspnoea</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Woodward M.D.</i>	
		Address <i>Harrods Grace, Md.</i>	
Accident or Suicide?			

